



## COVID-19 Vaccination Policy — Vaccine Exemption Request

### EMPLOYEE MEDICAL EXEMPTION

To protect the health and safety of our entire community, Brandon University has implemented a COVID-19 Vaccination Policy requiring all employees to be fully vaccinated against COVID-19 before accessing campus.

According to Section 5.0: *Exemptions* in the Brandon University COVID-19 Vaccination Policy, an employee can submit a request for an exemption in the form of an accommodation if obtaining a vaccine against COVID-19 is medically contraindicated. Accommodations may not guarantee access to indoor campus spaces, including where public health orders require proof of vaccination for entry.

- **Employee must complete Section I: *Employee Information* and Section III: *Certification*.**
- **A medical professional must complete Section II: *Health Care Provider*.**
- **All sections must be completed for Medical Exemption consideration.**

#### SECTION I – EMPLOYEE INFORMATION

Employee name: \_\_\_\_\_

Dept./Faculty: \_\_\_\_\_ Supervisor: \_\_\_\_\_

If you are seeking a **medical exemption**, are you under the care of a medical health care provider who has advised you against being vaccinated?      Yes      No

If YES, please complete the consent and authorization below permitting objective medical information to be disclosed to Human Resources.

#### CONSENT and AUTHORIZATION

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_ to provide relevant health information affecting my fitness for vaccination against COVID-19 to Human Resources at Brandon University. This information will be used for the purposes of determining accommodation needs. I also give consent for Human Resources to contact this care provider, if necessary, to clarify information regarding this application. I understand that I may cancel or change this authorization, in writing at any time, except for such action as has already been taken.

\_\_\_\_\_  
Employee signature

\_\_\_\_\_  
Date

## COVID-19 Vaccination Policy — Vaccine Exemption Request

### EMPLOYEE MEDICAL EXEMPTION

#### SECTION II – HEALTH CARE PROVIDER

1. Does this patient’s medical exemption request meet the criteria as identified by the Manitoba Vaccine Implementation Task Force (as below)?      Yes      No

*Manitoba Vaccine Implementation Task Force identifies medical exemptions as these criteria:*

- ✓ *Severe reaction to a first dose of the vaccine, such as myocarditis or Guillain-Barre Syndrome;*
- ✓ *Currently receiving treatment that affects one’s ability to mount an immune defense; or*
- ✓ *Severe allergy or anaphylactic reaction to a previous dose that cannot be managed by the Health Sciences Centre Allergy Clinic.*

2. Does this patient have a medical disability-related barrier, as recognized by *The National Advisory Committee on Immunization (NACI)* that prevents them from being fully vaccinated for COVID-19?  
Yes      No

If YES, what are the functional limitations associated with this?

*Supporting documentation can be provided.*

---

---

*The following are examples of conditions that **are not considered** for a medical exemption:*

- × *Pregnancy or breastfeeding;*
- × *Autoimmune conditions;*
- × *Severe allergic reactions to foods, oral medications, latex, pets, insects, environmental triggers;*
- × *Fear of needles;*
- × *History of vaccine side effects (without further evidence related to the COVID-19 vaccine);*
- × *General avoidance of vaccines; or*
- × *A history of COVID-19 infection or positive antibody screen is not a substitute for vaccination.*

3. What is the anticipated length of the exemption?

Permanent

Temporary from \_\_\_\_\_ to \_\_\_\_\_



## COVID-19 Vaccination Policy — Vaccine Exemption Request EMPLOYEE MEDICAL EXEMPTION

4. This medical opinion, as of \_\_\_\_\_, is based on:

Patient history

Examination

Confirmed Objective Evidence

Health Care Provider/Practitioner: \_\_\_\_\_

Area of Specialty: \_\_\_\_\_

Clinic Name/Address/Phone: \_\_\_\_\_  
\_\_\_\_\_

### SECTION III – CERTIFICATION

I understand that breaches of the Brandon University COVID-19 Vaccination Policy, including breaches of any approved accommodations, or providing false, misleading or falsified information are serious matters and may result in employment-related discipline. This will also end the accommodation.

I certify that all the information I have provided in this Medical Exemption Accommodation Request, including supporting documentation, is accurate and true.

I certify that I have read and understand the Brandon University COVID-19 Vaccination Policy.

I agree to cooperate and participate fully as required in this accommodation process, including but not limited to, providing additional relevant information as requested by Human Resources. I understand that failure to participate fully can result in my request being denied.

I hereby request an exemption in the form of an accommodation from the Brandon University COVID-19 Vaccination Policy.

\_\_\_\_\_  
Employee Name – Print

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date submitted

**Completed requests, with supporting documentation (where indicated), are to be submitted to Human Resources at HR@BrandonU.ca. Incomplete requests will not be reviewed.**

**To Be Completed by Human Resources:**

**Reviewed by:** \_\_\_\_\_

**Decision:** \_\_\_\_\_

**Date decision shared with Employee:** \_\_\_\_\_