



### Statement of Medical Exemption for COVID-19 Vaccination

| SECTION 1 – REQUESTER INFORMATION                        |            |
|--|------------|
| Last Name  | First Name |
| MHC Student ID Number or Employee Number (if applicable) |            |
| Email:   |            |
| Phone:   |            |

### SECTION 2 – IMPORTANT INFORMATION

Pursuant to Provincial guidance, the Medicine Hat College (MHC), effective September 20, 2021, will require that all students, staff, and community members attending its campuses be vaccinated against COVID-19 or provide proof of a negative test result for COVID-19 unless they have a valid exemption. An exemption may be requested on grounds protected under the Alberta Human Rights Act (the “Act”). This form relates to those seeking an exemption due to a disability, as defined under that Act.

“physical disability” means any degree of physical disability, infirmity, malformation or disfigurement that is caused by bodily injury, birth defect or illness and, without limiting the generality of the foregoing, includes epilepsy, paralysis, amputation, lack of physical co-ordination, blindness or visual impediment, deafness or hearing impediment, muteness or speech impediment, and physical reliance on a guide dog, service dog, wheelchair or other remedial appliance or device;

In order to request a valid exemption for medical reasons, a student/staff/community member must complete this Statement of Medical Exemption form and submit the entire completed form to MHC directly from a physician or nurse practitioner.

Please submit completed documentation and form to:

For staff: [humanresourcesupport@mhc.ab.ca](mailto:humanresourcesupport@mhc.ab.ca)

For students: [studentexemption@mhc.ab.ca](mailto:studentexemption@mhc.ab.ca)



If an exemption is approved, it will remain in effect for the period of time specified by MHC. Any exemptions will be subject to the requirements outlined below and any other conditions specified by MHC. Should an exemption request be denied, you will be informed as soon as possible.

By submitting this form, I am asking that I/my child be exempted from vaccination requirements due to a disability. I certify that the information below was completed by myself / my child, and my/my child's physician or nurse practitioner.

1. I understand that should an outbreak occur, Alberta Health Services or MHC may impose additional restrictions or requirement on me/my child for health and safety reasons which may not apply to others on campus who have been fully vaccinated.
2. I understand that MHC may require me/my child to follow additional health and safety protocols, including, but not limited to:
  - a. Mandatory COVID testing and disclosure of test results;
  - b. Masking and/or physical distancing;
  - c. Remote working/learning; or
  - d. May be placed on a leave of absence or temporarily suspended from their program.
3. I accept full responsibility for my / my child's health.
4. I understand and agree to comply with and abide by any future or current MHC COVID-19 policies and procedures, as amended from time to time.
5. I certify that the information below and attached is accurate and complete. I understand that I may be subject to disciplinary action including expulsion or termination of employment/services/contract if any of the information I provided in support of this exemption request is false.

|  |      |
|--|------|
| Signature of Student/Staff/Parent/Legal Guardian | Date |
|--|------|



**Risks of not being vaccinated:**

You may be more likely to be exposed to the COVID-19 virus than others if you live in a group setting or participate in group activities in closed/crowded spaces where the COVID-19 virus may transmit more easily.

COVID-19 can result in severe illness. Those who are at particular risk of developing more severe disease or outcomes from COVID-19 are people:

- who are an older adult (increasing risk with each decade, especially over 60 years)
- of any age with chronic medical conditions, including: lung disease, heart disease, high blood pressure, diabetes, kidney disease, liver disease, dementia, or stroke
- of any age who are immunocompromised, including those with an underlying medical condition, such as cancer or those taking medications which lower the immune system, such as chemotherapy
- living with obesity, such as having a body mass index (BMI) of 40 or higher

Vaccination is one of the most effective ways to protect our families, communities, and ourselves against COVID-19. Evidence indicates that vaccines are effective at preventing serious outcomes, such as severe illness, hospitalization, and death due to COVID-19. A growing body of evidence indicates that people fully vaccinated are less likely to have asymptomatic infection or to transmit COVID-19 to others.

Sources:

<https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/prevention-risks.html#vaccination>  
<https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/fully-vaccinated-people.html>

Please provide this form to your physician or nurse practitioner for completion.



**SECTION 3 – DECLARATION OF PHYSICIAN OR NURSE PRACTITIONER**

The [College of Physicians and Surgeons of Alberta \(CPSA\)](#) has advised all Physicians as follows:

The COVID-19 vaccine is safe and effective for nearly every individual aged 12 or older. There are no medical conditions that would universally warrant a complete exemption from initial COVID-19 vaccine. A physician's informed clinical judgement that an exemption from COVID-19 vaccination is appropriate for a patient is expected to be exceedingly rare and must be thoroughly documented in the patient's chart. Physicians are expected to reassess COVID-19 vaccine exemptions periodically to account for updates to vaccination evidence and the potential emergence of newly-approved vaccines. Issuing "blanket" or "lifetime" exemptions would be considered unprofessional.

(CPSA, September 15, 2021. *Guidance for physicians: requests for COVID-19 vaccination exemptions.* <https://cpsa.ca/wp-content/uploads/2021/09/Guidance-for-Physicians-COVID19-Vaccine-Exemption.pdf>)

Given the stated rarity of these exceptions, and in light of the fact that vaccines have been proven to be both safe and effective, any notes written for patients who qualify for a medical exemption need to clearly specify:

- the medical reason for which the exemption is being given;
- whether the patient is partially immunized (i.e. received a first dose); and,
- a date by which the exemption expires and/or a date for reassessment.

I, \_\_\_\_\_  
(Name of physician or nurse practitioner)

Certify that, due to a medical condition, the named person should be exempted from the requirements of the Medicine Hat College for persons attending on-campus activities to be vaccinated against COVID-19 with a Health Canada-approved or WHO-approved vaccine.

From \_\_\_\_\_ To \_\_\_\_\_



|   |          |                          |
|---|----------|--------------------------|
| <p><b>Please state the reason(s) for the accommodation request here.</b><br/><i>Please provide a thorough explanation of the medical basis that precludes vaccination. Please state whether or not the condition is expected to be permanent. It is not necessary to provide a diagnosis.</i></p> |          |                          |
| <p><b>Please explain how this accommodation request complies with the CPSA and Alberta Public Health guidance set out above.</b></p>  |          |                          |
| <b>SECTION 4 – Signature of Physician or Nurse Practitioner</b>   |          |                          |
| Name of Physician or Nurse Practitioner   |          | Registration/Licence No. |
| <b>Business Address</b>   |          |                          |
| Address   |          |                          |
| City/Town   | Province | Postal Code              |
| Signature of Physician or Nurse Practitioner  |          | Date                     |

The Physician or Nurse Practitioner must submit the properly completed form to:

For staff: [humanresourcesupport@mhc.ab.ca](mailto:humanresourcesupport@mhc.ab.ca)

For students: [studentexemption@mhc.ab.ca](mailto:studentexemption@mhc.ab.ca)



The personal information requested on this form is collected under the authority of Section 33 (c) of the Alberta Freedom of Information and Protection of Privacy Act and will be protected under Part 2 of that Act. It will be used for the purpose of processing your request for an exemption from COVID-19 based on a protected ground as stated in the Alberta Human Rights Acts, and in compliance with MHC's commitment to a safe campus. Questions concerning the collection, use, and disposal of this information should be directed to (enter email address) or the FOIP Coordinator at [foip@mhc.ab.ca](mailto:foip@mhc.ab.ca)

**SECTION 4 – APPROVAL (Office use only)**

The accommodation request is  approved  denied

**Comments:**

\_\_\_\_\_  
**HR Director/Dean, Student Services**

\_\_\_\_\_  
**Date**