



## REQUEST FORM: MEDICAL EXEMPTION FROM COVID-19 VACCINE

To protect the health and safety of our community, Seneca is making COVID-19 vaccination a condition to come on campus.

Seneca will consider on an individual basis requests for exemptions from students and employees on medical grounds based on the risk of substantive injury and/or disability in accordance with [Seneca's Fall Term 2021 COVID-19 vaccination policy](#). All requests will be reviewed by an independent physician whose determination will be final.

### PLEASE READ CAREFULLY:

- Requests for medical exemptions will be considered upon completion and presentation of this form.
- A medical exemption may be granted upon receipt of required documentation signed and certified by a licensed medical practitioner.
- The duration of the exemption is at the sole determination of Seneca. Individuals approved for an exemption may request recertification, if required.
- To continue to protect the health and safety of the campus community, at the sole discretion of Seneca, students or employees with an approved exemption to being vaccinated may be accommodated through measures other than being granted access to campus.
- Individuals with an approved exemption will be notified in writing through their Seneca email.
- Incomplete applications will not be reviewed.
- Decisions are final and not subject to appeal. Individuals are permitted to reapply if new documentation and/or information becomes available.
- This medical exemption only applies to requests for exemption from Seneca's COVID-19 vaccination policy. If you are seeking academic or workplace accommodations for other purposes, you will be required to make a separate application in accordance with existing procedures. If you have a previously approved accommodation, you must still submit this form if you wish to be considered for a COVID-19 vaccination exemption.



## APPLICATION:

Your completed application should be scanned and emailed to: [exemption@senecacollege.ca](mailto:exemption@senecacollege.ca)

First and Last Name: \_\_\_\_\_

Seneca Student or Seneca Employee Number: \_\_\_\_\_

Seneca Student or Employee Email Address: \_\_\_\_\_

**Please confirm that you have read the following statements by checking the corresponding boxes:**

- I authorize my licensed medical practitioner to provide the information contained in this form including my permission to disclose the medical condition for the exemption and, if required, to supply additional information relating to my medical exemption.
- I authorize the physician acting on behalf of Seneca to review this submission and communicate with my licensed medical practitioner to provide the information contained in this form and, if required, to supply additional information relating to my medical exemption.
- I certify that the information I have provided is accurate and complete as of the date of this submission. I understand that I may be subject to disciplinary action if any of the information I provide in support of this exemption is false or misleading.





## CERTIFICATION

I certify that (first and last name) \_\_\_\_\_

\_\_\_\_\_ has the above contraindication and support the request for a medical exemption from the COVID-19 vaccine requirement at Seneca.

## MEDICAL PROVIDER INFORMATION

Name: \_\_\_\_\_

Specialty: \_\_\_\_\_

Licence number: \_\_\_\_\_

Date: \_\_\_\_\_

Name of affiliated health organization: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone number: \_\_\_\_\_

Date: \_\_\_\_\_

To submit a Medical Exemption Form request, please scan and email a copy of the completed application to [exemption@senecacollege.ca](mailto:exemption@senecacollege.ca).

Personal health information, including attestations and other proofs of vaccination, collected by Seneca will be stored in accordance with Seneca's Freedom of Information and Protection of Privacy Policy and Personal Health Information Protection Act Statement. If you have any questions concerning the collection and use of personal information, please contact the Privacy Office at 416.491.5050 extension 77846 or email [privacyoffice@senecacollege.ca](mailto:privacyoffice@senecacollege.ca). The mailing address for the Privacy Office is 8 The Seneca Way, 7th Floor, Markham, Ontario, L3R 5Y1.