

STATEMENT OF MEDICAL EXEMPTION
for an Exemption from
YORK UNIVERSITY'S VACCINATION MANDATE

Please submit the properly completed form to [YU Screen](#). Submissions can be made starting September 7, 2021.

SECTION 1 – REQUESTER INFORMATION			
Last Name		First Name	
Employee or Student Number			
Unit Number	Street Number	Street Name	PO Box
City/Town		Province	Postal Code

York University (“York”) requires that all persons attending University campus or events) at York be vaccinated against COVID-19 unless they have a valid exemption.

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

1. I understand that should an outbreak occur, Toronto Public Health or York may impose additional restrictions or requirements 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 York may require me/my child to follow additional health and safety protocols, including, but not limited to:
 - a. Mandatory COVID-19 testing and disclosure of test results; and
 - b. Masking and/or physical distancing; and/or
 - c. Remote working/learning.

Signature of Requester/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 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 with an mRNA vaccine (Pfizer-BioNTech and Moderna) are less likely to have asymptomatic infection or to transmit COVID-19 to others.

Sources: Government of [Canada](#); City Of [Toronto](#)

Generally speaking, there are *very few* acceptable medical exemptions to the COVID-19 vaccination (e.g., an allergist/immunologist-confirmed severe allergy or anaphylactic reaction to a previous dose of a COVID-19 vaccine or to any of its components that cannot be mitigated; a diagnosed episode of myocarditis/pericarditis after receipt of an mRNA vaccine).

Given the 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 reason they cannot be vaccinated against COVID-19 (i.e., document clear medical information that supports the exemption); and
- the effective time period for the medical reason (i.e., permanent or time limited)

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



SECTION 2 – DECLARATION OF PHYSICIAN OR REGISTERED NURSE IN THE EXTENDED CLASS (NURSE PRACTITIONER)

I, _____
(name of physician or registered nurse in the extended class)

certify that the above-named person has a medical condition or medical circumstance for not being fully vaccinated and should therefore be exempted from the requirements of York University for persons attending University campus or events to be vaccinated against COVID-19 with a Health Canada- or WHO-approved vaccine.

If the medical condition or medical circumstance is temporary, please indicate the expected time period for the medical condition or medical circumstance:

from _____ to _____.

Please state the reason(s) for the accommodation request here.

Please describe the nature of the condition that precludes vaccination. Please state whether or not the condition is expected to be permanent. It is not necessary to provide a diagnosis.

SECTION 3 – Signature of Physician or Registered Nurse in the Extended Class (Nurse Practitioner)

Name of Physician or Registered Nurse in the Extended Class			Registration/Licence No.
Business Address			
Unit Number	Street Number	Street Name	P.O. Box
City/Town	Province/State/Country		Postal Code
Signature of Physician or Registered Nurse in the Extended Class			Date

As per section 366 of the Criminal Code, it is an offence to make a false document, knowing it to be false, with intent that a person should be induced, by the belief that it is genuine, to do or to refrain from doing anything

Personal Information that you provide to the University on this form is collected under the authority of the York University Act, 1965. The information will be used to determine exemptions from York University's COVID-19 Vaccination Mandate. We are committed to the protection of privacy and will safeguard your personal information in accordance with the Freedom of Information and Protection of Privacy Act (FIPPA). If you have questions, please contact the York University Information, Privacy and Copyright Office at info.priv@yorku.ca.

