CCNM | CANADIAN COLLEGE OF NATUROPATHIC MEDICINE

COVID-19 VACCINE MEDICAL EXEMPTION REQUEST FORM

Please complete this form and submit to Legal Counsel, Sarah Quayyum at **squayyum@ccnm.edu.** Completion of this form serves as your request to be exempt from the required COVID-19 vaccination. This information and other related documentation will be treated confidentially and kept in the Human Resources Department.

Requestor's Name:
Email:
Student ID (if applicable):
Phone:
Date:

Section 1: Medical Exemption Request

Please provide details of your request below to assist us in our assessment. You may also include/attach additional documentation to support your request.

Section 2: Declaration of Physician

Certification of exemption must be from a Medical Doctor or Nurse Practitioner. *Please include time period for the vaccination exemption, if applicable.*

I, , certify that the medical reasons indicated below (specific diagnoses are not required) serve as contraindications for a COVID-19 vaccination. The above-named requestor should be exempted from the required COVID-19 vaccination requirement.

Name of Physician:
Business Address:

Physician's Signature:

Date:

Revised: August 9, 2023

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Section 3: Declaration of Requestor

I, _____, understand that:

- If my medical exemption is *granted*, I will still be required to submit to regular antigen point of care testing for COVID-19 and demonstrate a negative result, at intervals to be specified by CCNM from time to time, which must be at minimum once every seven days and provide verification of the negative test result in a manner approved by CCNM.

- If my medical exemption request is *denied*, I will also provide proof of completing an educational session approved by CCNM about the benefits of COVID-19 vaccination in addition to the aforementioned requirements.

- If I am identified as a close contact or test positive for COVID-19, I will be required to self-isolate at the discretion of CCNM, under the recommendation of CCNM's Chief Medical Officer and the guidance of the Toronto Public Health.

  These steps would be taken not only to protect my health, but also to reduce the risk of further spread of the COVID-19 virus to the CCNM community.

Requestor's Signature: _____

Date: _____