

## AFFIDAVIT

### Request for Exemption on Prohibited Ground of Discrimination

AFFIDAVIT OF \_\_\_\_\_ (name)

I, \_\_\_\_\_ (full name)

MAKE OATH OR SOLEMNLY AFFIRM AND SAY AS FOLLOWS:

1. I am unable to be fully vaccinated against COVID-19 in order to enter a federal correctional institution based on a prohibited ground of discrimination, as defined in subsection [3\(1\)](#) of the *Canadian Human Rights Act*.

### ***Prohibited grounds of discrimination***

3 (1) For all purposes of this Act, the prohibited grounds of discrimination are race, national or ethnic origin, colour, religion, age, sex, sexual orientation, gender identity or expression, marital status, family status, genetic characteristics, disability and conviction for an offence for which a pardon has been granted or in respect of which a record suspension has been ordered.

2. The nature of this prohibited ground of discrimination is as follows (*please specify the prohibited ground(s) of discrimination and describe the nature of how it renders you unable to receive the COVID-19 vaccine*):

[illegible]



## AFFIDAVIT

### Request for Exemption on Prohibited Ground of Discrimination

(...continued)

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(attach additional pages and supporting documentation if required)

Sworn (or Affirmed) before me at the \_\_\_\_\_ (City, Town, etc.)

in the \_\_\_\_\_ (County, Regional Municipality, etc.) on

\_\_\_\_\_ (date).

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Signature of Commissioner for Taking Affidavits

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Printed name of Commissioner for Taking Affidavits

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Signature of Deponent



**THE AFFIDAVIT MUST BE SIGNED BEFORE A COMMISSIONER FOR TAKING AFFIDAVITS  
IT IS A CRIMINAL OFFENCE TO KNOWINGLY SWEAR OR AFFIRM A FALSE STATEMENT**

## **AFFIDAVIT**

### **Request for Exemption on Prohibited Ground of Discrimination**

#### **Privacy Statement**

The purpose for collection and use of this information is to determine whether you meet the entry requirements for CSC institutions during the COVID-19 pandemic. Personal information is collected pursuant to the Corrections and Conditional Release Act and in accordance with the Privacy Act. Information supplied on this form will be used to consider your request for exemption to the COVID-19 proof of vaccination requirements in accordance with CSC's Integrated Risk Management Framework.

A copy of the decision letter and your supporting documentation will be kept on the Visits and Correspondence file.

Under the Privacy Act, you have the right to access your personal information and request corrections to your information. You are entitled to request a correction in respect of any error in the personal information disclosed to you. A "Record Correction Request Form" may be completed should you wish to exercise this right pursuant to section 12(2) of the Privacy Act. Please note, documentary proof may be requested before the corrections are effected.

You are entitled to file a complaint with the Office of the Privacy Commissioner of Canada. Should you wish to exercise this right, your complaint should be forwarded to the Office of the Privacy Commissioner, 30 Victoria Street, 1st Floor, Gatineau, Quebec K1A 1H3