



Medical Statement

I, _____ am a licensed Physician/Nurse Practitioner in the province/territory of _____ . I hereby certify that _____ (indicate at least one of the following)

- 1) Has a medical contraindication to full vaccination against COVID-19 with an mRNA vaccine (Pfizer-BioNTech or Moderna vaccines) based on recommendation of the National Advisory Committee on Immunization...
• History of anaphylaxis after previous administration of an mRNA COVID-19 vaccine
• Confirmed allergy to polyethylene glycol (PEG) which is found the Pfizer-BioNTech and Moderna COVID-19 vaccines
(Note that if the patient is allergic to tromethamine which is found in Moderna, they can receive the Pfizer-BioNTech product)

This medical reason is (please indicate only one)

- Permanent
Time limited and will be in effect until _____

- 2) Has a medical reason for delay of full vaccination against COVID-19 as described by the National Advisory Committee on Immunization...
• A history of myocarditis/pericarditis following the first dose of an mRNA vaccine
• Due to an immunocompromising condition or medication, waiting to vaccinate when immune response can be maximized...
(Note: Consideration should be given to benefit/risk when vaccination is delayed)

This medical reason will be in effect until _____

- 3) Has a medical reason precluding full vaccination against COVID-19 (not covered above) as described below (for privacy reasons, only include information related to why the medical reason precludes vaccination):

This medical reason is (please indicate only one)

- Permanent
Time limited and will be in effect until _____

Signature: _____

Date: _____

Name: _____

Telephone number: _____

License Number: _____

Province/Territory: _____

Employee Acknowledgement

Privacy Statement

The purpose for collection and use of this information is to fulfill the responsibility of your employer to ensure the health and safety of employees. This is a requirement under section 124, Part II of the *Canada Labour Code* and under the Vaccination Policy for the Core Public Administration. Personal information is collected pursuant to section 7 and 11.1 of the *Financial Administration Act* and in accordance with the *Privacy Act*. Information supplied on this form will be used to consider your request for accommodation in accordance with the Vaccination Policy and the Directive on the Duty to Accommodate.

The personal information will be used to determine the context of your request for accommodation. The aggregate of your personal information (whether or not you are vaccinated and what accommodation measures are put in place to support your employment) will also be used by your organization and TBS to monitor and report on the overall impact of COVID-19 and compliance with the vaccination program both within the organization and for the Core Public Administration, as described in standard personal information bank PSE 907, [Occupational Health and Safety](#).

Refusal to provide the requested information to support your accommodation request may result in administrative consequences as outlined in the Policy.

Early disposal of personal information

You may consent to have this Medical Statement disposed prior to the retention periods set out in accordance with Section 4(1)(a) of the *Privacy Regulations* once the accommodation decision has been communicated and is finalized. Should you not wish to consent to the early disposal, the information will be retained in accordance with departmental retention schedules:

- I consent to the early disposal
- I do not consent to the early disposal

Under the *Privacy Act*, you have the right to access your personal information and request corrections to your information. Should you wish to exercise your rights under the *Privacy Act*, or have any questions about this statement, please contact your organization's [ATIP Coordinator](#). You have the right to file a complaint with the [Office of the Privacy Commissioner](#) about the handling of your personal information

HUMAN RESOURCES USE ONLY:

Date received: (DD/MM/YY)

Date reviewed: (DD/MM/YY)

Reviewing Signature: