

**MEDICAL EXEMPTION REQUEST FORM**

The person requesting a medical exemption must submit a completed copy of this form in its entirety. All pages must be reviewed and completed by the person to be exempted and/or requester, as well as the required medical doctor or nurse practitioner. The employer evaluating this request must do so in accordance with its legal duty to accommodate under the applicable legislation.

PART I OF MEDICAL EXEMPTION**Person To Be Exempted**

Please provide the following concerning the person for which a medical exemption is requested:

First Name: _____ Last Name: _____

Home Address: _____

Requester's Information

If the requester is different than the person to be exempted, please complete the following:

First Name: _____ Last Name: _____

Mailing Address: _____

Provincial / Territorial Government

In some cases, a provincial or territorial government may issue a credential to the effect that an individual cannot be vaccinated. The employer can accept this credential code instead of a medical doctor or nurse practitioner attestation. If this situation applies, the person requesting the exemption must select the check box below and present their provincial or territorial credential to their employer for verification.

- The person requesting a medical exemption is in possession of a provincial or territorial government issued credential (e.g. QR code) confirming that the person cannot be vaccinated. The employer must verify the credential prior to granting a medical exemption.

Medical Doctor Or Nurse Practitioner

Medical Statement



I, _____ am a licensed Physician/Nurse Practitioner in the province /
territory of _____. I hereby certify that _____

(indicate one of the following):

- 1) Has a medical contraindication to full vaccination against COVID-19 with mRNA vaccine (Pfizer-BioNTech or Moderna vaccines) based on recommendation of the [National Advisory Committee on Immunization](#) (as follows based on NACI advice as of September 10, 2021):

- *History of anaphylaxis after previous administration of an mRNA COVID-19 vaccine*
- *Confirmed allergy to polyethylene glycol (PEG) which is found in 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](#) (as follows based on NACI advice as of September 10, 2021):

- *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 (i.e., waiting to vaccinate when immunocompromised state / medication is lower)*
(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: _____

Requester's Attestation

The following is to be completed by or on behalf of the person requesting a medical exemption:

I hereby certify that I am/or the person for which a request is made is unable to be vaccinated due to a medical condition:

Signature: _____ Full Name: _____

Date: _____ Location: _____

False Or Misleading Information

It is an offence under section 366 of the [Criminal Code](#) to make a false document, knowing it to be false.

As per the applicable *Interim Order Respecting Certain Requirements for Civil Aviation Due to COVID-19*, a person who provides information to a carrier that is known to be false or misleading may also be subject to an administrative monetary penalty or other enforcement action, including prosecution.

Personal Information

Personal information you provide in this form will be used for the purposes of determining the qualification of the person identified on this form for medical exemption from the requirements of the applicable *Interim Order Respecting Certain Requirements for Civil Aviation Due to COVID-19*. This information may also be shared with Transport Canada for the sole purpose of audit or enforcement.

**PART 2 OF EXEMPTION**

Important Notice: Only Part 2 of this exemption is to be provided by the employee, upon request, to the Airport Authority, the Canadian Air Transport Security Authority (CATSA) or Transport Canada. Should additional information be required by Transport Canada, a government official will contact the Employer directly.*

**Confirmation of Exemption by Employer***

Employer* Record Number: _____

This is to confirm that _____ (full name of the exempted person),
RAIC/RAP/Temp pass #: _____, has an exemption from the mandatory
vaccination requirements under the Transport Canada *Interim Order Respecting Certain Requirements for
Civil Aviation Due to COVID-19*.

Signature: _____ Full Name: _____

Title: _____ Organisation: _____

Phone number (day): _____

Date: _____ Location: _____

* Part 2 is to be completed by the employer or an organisation responsible to validate the exemption request in accordance with the applicable airport-wide mandatory vaccination policy.