



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 (PfizerBioNTech 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 Cruise Ship Restrictions and Vaccination Requirements Due to the Coronavirus Disease 2019 (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

Your privacy is important. 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 order pursuant to subsection 10.1(1) of the *Canada Shipping Act, 2001 Interim Order Respecting Cruise Ship Restrictions and Vaccination Requirements Due to the Coronavirus Disease 2019 (COVID-19)*. Please note that the authorized representative is subject to applicable privacy legislation with respect to the handling of your personal information.

The personal information in this form may be provided to and used by Transport Canada for the purpose of audit and enforcement. The Minister of Transport may collect this personal information pursuant to the applicable legislation, under the *Canada Shipping Act, 2001*. In the event that any personal information is provided to Transport Canada, it will only be used and disclosed by Transport Canada in accordance with the Privacy Act and its regulations. The personal information collected, as well as its use, disclosure and retention is described in the personal information bank entitled "Marine Safety Enforcement Program", TC PPU 021, published on Transport Canada's Info Source page (<https://tc.canada.ca/en/info-source>).

Under the provisions of the Privacy Act, individuals have the right of access to, correction of and protection of their personal information. Instructions for obtaining personal information are provided in Info Source, a copy of which is available in major public and academic libraries or online at <http://www.infosource.gc.ca>. Individuals who wish to exercise their right to complaint under the Privacy Act about the handling of their personal information may do so by filing a complaint with the Office of the Privacy Commissioner. For information on how the authorized representative processes your personal information, please visit their applicable privacy policy or contact them directly.



For Employment



PART 2 OF EXEMPTION

Important Notice: Only Part 2 of this exemption is to be provided by the person, upon request, to the authorized representative 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), CDN / Other**#: _____, has an exemption from the mandatory vaccination requirements under the Transport Canada *Interim Order Respecting Cruise Ship Restrictions and Vaccination Requirements Due to the Coronavirus Disease 2019 (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 their established process, as required in *Interim Order Respecting Cruise Ship Restrictions and Vaccination Requirements Due to the Coronavirus Disease 2019 (COVID-19)*.

** Provide the Transport Canada Candidate Document Number (CDN) number for the employee. If the employee has no CDN provide the Port Pass number, the Restricted Area Pass number or another unique ID for the employee.

