



RELIGIOUS EXEMPTION REQUEST FORM

The person requesting a religious 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 by the required commissioner for taking oaths. The employer evaluating this request must do so in accordance with its legal duty to accommodate under the applicable legislation

PART I OF RELIGIOUS EXEMPTION

Person To Be Exempted

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

First Name: _____ Last Name: _____

Home Address: _____

Affidavit - Religious Belief(s)

*Please provide the requested information concerning your religious belief. **Note, leaders and members of a number of religions (e.g., Islam, Roman Catholicism, Judaism, Greek Orthodox, Mennonites, Jehovah's Witnesses, Christian Science) have released public statements indicating their support for the COVID-19 vaccine specifically in the interest of public health.***

Affidavit of _____ (name)

I, _____ (full name), currently employed as _____ (position) at _____ (organization), MAKE OATH OR SOLEMNLY AFFIRM AND SAY AS FOLLOWS:

1. The vaccination requirements for _____ (organization) conflicts with my sincerely held religious belief or practice that prohibits me from receiving the COVID19 vaccine.

2. The nature of this sincerely held religious belief or practice is as follows (please describe the reasons why your religious belief prohibits you from receiving the COVID-19 vaccine):



Signature: _____ **Full Name:** _____

Date: _____ **Location:** _____

Signature of Commissioner Of Oaths

The following is to be completed by a commissioner of oaths:

SWORN OR SOLEMNLY AFFIRMED before me at: _____ (Municipality)

in _____ (Province, State, or Country) on _____ (Date)

Signature: _____ Full Name: _____

False Or Misleading Information

It is an offence under section 131 of the [Criminal Code](#) to make a false statement under oath or solemn affirmation, by affidavit, solemn declaration or deposition or orally, knowing that the statement is false. It is further 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 religious 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.



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.