

Accommodation Request Form Medical Exemption

Staff, Coaching Staff, players, Board members or volunteers requesting an accommodation for the COVID-19 vaccination must complete this form.

Documentation of a medical exemption must be provided by either a physician or a nurse practitioner (note: A nurse practitioner is a registered nurse who holds an extended certificate of registration under the Nursing Act, 1991). The exemption must clearly indicate the reason why the individual cannot be vaccinated against COVID-19 (i.e., clear medical information that supports the exemption).

The physician's or registered nurse in the extended class's information is complete by including:

- Name and contact information of the physician or registered nurse in the extended class;
- Logo or letterhead identifying the physician or registered nurse in the extended class;
- Statement that there is a medical reason for the individual's exemption from being fully vaccinated against COVID-19 in accordance with Ministry of Health Medical Exemptions to COVID-19 Vaccination Guideline issued on September 14, 2021; and
- Any effective time-period for the medical reason which includes the date the patron is seeking access to the business or organization.

Participant's Name (please print)

Participant's Signature

Participant's Parent/Guardian 's Name (If Participant is Under the age of 18) Participant's Parent/Guardian 's Signature (if the Participant is Under the age of 18)

Identify which exception is required (Permanent or Temporary):

_____ This request will require a permanent exemption for the COVID-19 vaccination.

_____ This request will require a temporary exemption for the COVID-19 vaccination.

If temporary, this request will be reassessed on ____

Month/ Day/ Year/

Please return completed form and supporting documentation to vaccinereports@waterlooravens.com

Date of Birth (MM/DD/YYYY)

Date (MM/DD/YYYY)