

## REQUEST FOR MEDICAL ACCOMMODATION for Mandatory Vaccination

Effective January 1, 2022, all University of Calgary employees, regardless of their work location, must be Fully Vaccinated and have provided Proof of Vaccination to the University through the COVIDSafe Campus web platform. Employees who are unable to be vaccinated or otherwise comply with this Protocol for a medical reason may request accommodation pursuant to this form and by providing the required support for that request. This information is being collected under the authority of Section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act (FOIP), will be used for the purpose(s) of payroll and benefit administration and is protected by the privacy provisions of FOIP.

<b>Name:</b>	<b>UCID#:</b>
<b>Email:</b>	
<b>Phone Number:</b>	
<b>Supervisor:</b>	
<b>Faculty/Department:</b>	
<b>Phone Number:</b>	

<b>SECTION 1 – STATEMENT OF RISK – to be completed by employee</b>
<p><b>Risks of not being vaccinated:</b></p> <p>You may be more likely to be exposed to the COVID-19 virus than others if you live in a group setting or participate in group activities in closed/crowded spaces where the COVID19 virus may transmit more easily.</p> <p>COVID-19 can result in severe illness. Those who are at particular risk of developing more severe disease or outcomes from COVID-19 are people:</p> <ul style="list-style-type: none"> <li>• Who are older adults (increasing risk with each decade, especially over 60 years)</li> <li>• Of any age with chronic medical conditions, including: lung disease, heart disease, high blood pressure, diabetes, kidney disease, liver disease, dementia, or stroke</li> <li>• Of any age who are immunocompromised, including those with an underlying medical condition, such as cancer or those taking medications which lower the immune system, such as chemotherapy</li> <li>• Living with obesity, such as having a body mass index (BMI) of 40 or higher</li> </ul>

Vaccination is one of the most effective ways to protect our families, communities, and ourselves against COVID-19. Evidence indicates that vaccines are effective at preventing serious outcomes, such as severe illness, hospitalization, and death due to COVID-19. A growing body of evidence indicates that people fully vaccinated with an mRNA vaccine (Pfizer-BioNTech and Moderna) or with a viral vector based vaccine like AstraZeneca are less likely to have asymptomatic infection or to transmit COVID-19 to others.

Sources:

<https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/prevention-risks.html#p>

<https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/fully-vaccinated-people.html>

I have read and understand the risks of not being vaccinated:

Initial \_\_\_\_\_

I am aware that should an outbreak of Covid-19 occur, the University may impose additional restrictions or requirements on me for health and safety reasons which may not apply to others on campus who have been fully vaccinated. In the event of an outbreak, I understand that the University of Calgary may require me to follow additional health and safety protocols, including, but not limited to:

- Mandatory COVID testing and disclosure of test results
- Masking and/or physical distancing; and/or
- Remote employment.

I have read and understand that additional restrictions or requirements may be imposed in the event of a Covid-19 outbreak at the University of Calgary:

Initial \_\_\_\_\_

If you are unable to be vaccinated because of a documented medical condition, what type of accommodation or additional arrangements do you require to continue your employment at the University of Calgary? Please be as detailed as possible.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**SECTION 2 – DECLARATION OF Licensed Medical Professional. To be completed by a licensed medical professional qualified to assess the employee's medical request for vaccine accommodation**

Alberta Health Services has published detailed information regarding Medical Exceptions for the COVID-19 Vaccine. AHS has published guidance regarding contraindications for the COVID-19 vaccines. It is highly recommended that you review this guidance with your patient.

<https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-sag-medical-exemptions-to-mandatory-vaccination-rapid-review.pdf>

**Medical Provider Certification of Contraindication: I certify that my patient (named above) cannot be vaccinated against COVID-19 because of the following contraindication:**

- Documented immediate (< 4 hours) or severe allergic reaction/anaphylaxis (e.g., hives, swelling of the mouth or throat, difficulty breathing, low blood pressure, or shock) after receiving a COVID vaccine or to any of the vaccine components. In the space provided below, please provide the name of the vaccine or the vaccine component and describe the reaction.
- History of thrombosis with thrombocytopenia. In the space provided below, please explain, including date of diagnosis and presentation/complications.
- History of Multisystem Inflammatory Syndrome in Children (MIS-C) or Adults (MIS-A) after a confirmed SARS-CoV2 infection or a COVID-19 vaccine. In the space provided below, please explain, including date of diagnosis and manifestations.
- Myocarditis or pericarditis after receipt of the first dose of an mRNA COVID-19 vaccine series but before administration of the second dose. In the space provided below, please document vaccine name and date of receipt, date of onset of myocarditis or pericarditis, treatment, complications, and recovery.
- Diagnosed with COVID-19 and received convalescent plasma or monoclonal antibodies as part of your COVID-19 treatment. In the space provided below, please document date of receipt of COVID-19 convalescent plasma or monoclonal antibodies. Note that COVID-19 vaccination should be deferred only if this treatment occurred within the past 90 days, and any temporary medical exemption granted will expire after 90 days of receipt of this treatment.

**Medical provider supplied details, as requested in selected option above:**

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**To Be Completed by Licensed Medical Professional (please print):**

Professional's Name (please print):	Professional's Signature:	Date form was completed:
Address:	Phone:	Fax:
Professional's Credentials: (i.e., MD, FRCPC, etc)	Office Stamp or Business Card:	

Please submit completed document to: [staffwellness@ucalgary.ca](mailto:staffwellness@ucalgary.ca)

We will confirm receipt of your request for accommodation for Mandatory Vaccination within 5 business days of the completed form being submitted to Staff Wellness.