

COVID-19 VACCINE MEDICAL ACCOMMODATION REQUEST FORM

(This document will be subject to independent medical review)

It is the expectation that all employees of the Grande Yellowhead Public School Division (GYPSD) be vaccinated for protection against COVID-19 **or** employees who are unable or who are unwilling to get vaccinated will be required to provide regular and frequent negative COVID-19 test results and to submit a daily symptom checklist in order to access Division property.

As per the COVID-19 **Administrative Procedure 163**, every employee of the GYPSD community (all staff, contractors, Trustees, practicum students, and adult volunteers) will be required to show proof of a Canada Health approved COVID-19 vaccine **or** provide proof of a negative COVID-19 test result before entering a Division property. All medical accommodation requests are subject to independent verification from a physician chosen by Grande Yellowhead Public School Division.

INSTRUCTIONS

1. Complete Section 1 and 2.
2. Ask your licensed health care professional to complete Section 3 and 4.
3. Return the form to Grande Yellowhead Public School Division’s Human Resources Department via email: **COVID19@gypsd.ca**

SECTION 1: Employee Information (to be completed by the applicant)

Last Name		First Name		
Address – Apt. Number, Street, Box Number		City/town	Province	Postal Code
Date of Birth (dd/mm/yyyy)	Telephone		Cell Phone	
GYPSD Campus or Facility	Employee #			

SECTION 2: Employee Authorization for Health Care Practitioner to Release Medical Information

I hereby authorize the information on this form to be released to Grande Yellowhead Public School Division

Employee Signature		Date (dd/mm/yyyy)
Witness Signature	Witness Printed Name	

SECTION 3: Licensed Health Care Practitioner – authorized by licensing body to diagnose

Last Name		First Name		
Address – Apt. Number, Street, Box Number		City/town	Province	Postal Code

Profession	License Number	Telephone	Fax
How long have you been treating this patient for the condition which you are diagnosing?	Signature		Date (dd/mm/yyyy)

SECTION 4: Disability Information - must be completed by licensed health care practitioner

Grande Yellowhead Public School Division requires your verification that the above-named employee has a disability that prevents the above-named employee from being fully vaccinated **or** is unable to provide regular and frequent negative COVID-19 test results and submit a daily symptom checklist in order to access Division property in accordance with Grande Yellowhead Public School Division's **Covid-19 Vaccination Administrative Procedure 163**. Accommodations for disability may only occur with appropriate documentation provided to the Human Resources Department.

Verification of Disability

To determine whether the patient has a disability that prevents them from being fully vaccinated against COVID-19, please answer yes or no to the following.

- Documented history of severe allergic reaction to a component of each Canada Health COVID-19 vaccine?
 Yes No
- Documented adverse reaction to the first dose of a COVID-19 vaccine that cannot be prevented from recurrence by using an alternate Government of Canada approved vaccine?
 Yes No
- Does the patient have other medical condition(s) which would preclude them from receiving the COVID-19 vaccine?
 Yes No

If yes, provide additional detail regarding the associated functional limitations:

PLEASE NOTE:

The National Advisory Committee on Immunization recommend the following groups receive COVID-19 vaccinations:

- Immunocompromised
- Pregnant or breastfeeding
- Autoimmune Condition

The following are examples of conditions that **will not** be considered for an accommodation on the basis of disability:

- Severe allergic reactions other than that listed above
- History of vaccine side effects (without further evidence related to the COVID-19 vaccine)
- Fear of needles
- General avoidance of vaccines

A history of COVID-19 infection or positive antibody screen is not considered a substitute for vaccination and will not form the basis for an accommodation on the basis of disability.

Length of Accommodation

Permanent disability	Permanent disability: a functional limitation caused by a physical or mental impairment which restricts the person's ability to perform the daily activities necessary to participate fully in the labour force and is expected to remain with the person for the person's expected life. Comments:
Temporary disability	Date ending:

Additional Information (optional)

Additional information or other recommended accommodations related to COVID-19. Please provide any other information about the employee's disability and their functional limitations that Grande Yellowhead Public School Division should consider: