RED RIVER COLLEGE

REQUEST FORM: MEDICAL EXEMPTION FROM COVID-19 VACCINE

To protect the health and safety of our community, Red River College (RRC) is making COVID-19 vaccination a condition to come on campus, as well as any space owned or occupied by the College, including classrooms, boardrooms, meeting rooms, lecture theatres, gymnasiums, dining rooms, restaurants, cafeterias, lounges, student residences, laboratories, shops, hallways, outdoor spaces, and other common use areas. Refer to Policy E14- COVID-19 Procedures for full details [link].

RRC will consider on an individual basis requests for exemptions from students and employees on medical grounds based on the risk of substantive injury and/or disability in accordance with RRC's COVID-19 Policy (E14) (https://www.rrc.ca/legal/policies/covid-19-procedures). All requests will be reviewed by RRC Safety and Health Services ("SHS") whose determination will be final.

PLEASE READ CAREFULLY:

• Requests for medical exemptions will only be considered upon completion and presentation of this form.

• A medical exemption may be granted upon receipt of required documentation signed and certified by a licensed medical practitioner. Completion and submission of this form does not guarantee approval of the exemption sought.

• The information received from an individual's licensed medical practitioner must be satisfactory, as reasonably determined by the College, in order for the College to properly consider the exemption. The College reserves the right to request additional information/documentation/clarification as necessary in its sole discretion.

• The duration of the exemption is at the sole determination of RRC and may be terminated by RRC at any time without notice. Individuals approved for an exemption may request an extension, if required.

• To continue to protect the health and safety of the campus community, students or employees with an approved exemption to being vaccinated may be accommodated through reasonable alternative measures, up to the point of undue hardship, as reasonably determined by the College in its sole discretion.

• Individuals with an approved exemption will be notified in writing through their RRC email. Please allow adequate time for a response.

• **Incomplete applications will not be reviewed.**

• Decisions by SHS are final. Individuals are permitted to reapply if new documentation and/or information becomes available.

• This medical exemption only applies to requests for exemption from RRC's COVID-19 vaccination policy. If you are seeking academic or workplace accommodations for other purposes, you will be required to make a separate application in accordance with existing procedures. If you have a previously approved accommodation, you must still submit this form if you wish to be considered for a COVID-19 vaccination exemption.

• **DO NOT COME TO ANY COLLEGE CAMPUS IN PERSON UNLESS YOU HAVE RECEIVED WRITTEN CONFIRMATION THAT YOUR REQUEST IS APPROVED; OR YOU HAVE BEEN VACCINATED IN ACCORDANCE WITH POLICY E-14**

APPLICATION:

Your completed application may be scanned and emailed to: vaccinerecords@rrc.ca

First and Last Name: _____

Are you an RRC Student or Employee: ☐ Student   ☐ Employee

Primary Campus you will be attending:_____

RRC Student/Employee Number: _____

RRC Student/Employee Email Address:_____

Please confirm that you have read and agreed to the following statements by checking the corresponding boxes:

☐ I authorize my licensed medical practitioner to provide the information contained in this form in support of the exemption and, if required, to supply additional information relating to my medical exemption.

☐ I authorize RRC Health Services to review this submission and communicate with my licensed medicalpractitioner.

☐ I certify that the information I have provided is accurate and complete as of the date of this submission. Iunderstand that I may be subject to disciplinary action if any of the information I provide in support of this exemption is false or misleading

Date: _____

Signature (electronic accepted):_____

How frequently will you be on campus on a weekly basis this term?

_____

_____

MEDICAL EXEMPTION FROM COVID-19 VACCINE — TO BE COMPLETED BY A LICENSED MEDICAL PRACTITIONER:

THE FOLLOWING PROFESSIONALS WHO ARE LICENSED TO PRACTICE MAY COMPLETE THIS FORM:

- Medical Doctor
- Nurse Practitioner

To protect the health and safety of the RRC community, RRC is making an approved COVID-19 vaccination acondition to come on campus during the Fall 2021 Term.

RRC Student or Employee (first and last name) _____

is requesting a medical exemption from being vaccinated against COVID-19.

1) Does the Applicant have a medical condition that prevents them from receiving a COVID-19 vaccination?

☐ Yes   ☐ No

2) If the answer to question 1 is yes, what is the nature of the Applicant's medical condition that prevents them from receiving a COVID-19 vaccination?

_____

_____

_____

_____

3) If the answer to question 1 is yes, please explain how/why the Applicant's medical conditions prevents them from receiving a COVID-19 vaccination.

_____

_____

_____

_____

_____

4) My medical review is based on:
   ☐ Patient History
   ☐ Examination
   ☐ Objective Evidence Confirmed (signs or investigational data)

CERTIFICATION

I certify that (first and last name) _____
has a diagnosed medical condition that prevents them from being vaccinated against COVID-19, that to
the best of my knowledge the information provided to me by _____
is accurate, and I support the request for a medical exemption from the COVID-19 vaccine requirement
at RRC.

MEDICAL PROVIDER INFORMATION

Name: _____

Specialty: _____

License number: _____

Date: _____

Name of affiliated health organization: _____

Address: _____

Email: _____

Phone number: _____

Date: _____

Medical Provider Signature: _____

To submit a Medical Exemption Form request, please scan and email a copy of the completed
application to: vaccinerecords@rrc.ca

All information collected via this form will be handled in accordance with both *The Freedom of
Information and Protection of Privacy Act* and *The Personal Health Information Act*. If you have
questions about the collection of your personal and/or health information, contact Health Services at
healthservices@rrc.ca; you may also wish to review http://www.rrc.ca/legal/fippa