

COVID-19 VACCINE EXEMPTION REQUEST FORM

This form relates to your request for an exemption from the University's COVID-19 vaccination requirement. COVID-19 is a highly communicable, infectious, and serious disease that can lead to hospitalization and sometimes even death. Anyone can get COVID-19, including people who are otherwise healthy. Requiring vaccination against COVID-19 demonstrates our commitment to protect the safety and health of our students, employees, and the campus community, many of whom may have weakened immune systems, as well as our own families. Please refer to the University's Policy 12-004 COVID-19 and Vaccination Requirements Policy.

In its commitment to providing a safe educational and working environment for students, staff, and faculty, and in compliance with Policy 12-004, Saint Mary's University requires students, staff, and faculty to provide proof of vaccination against COVID-19. The information provided on this form is collected by Saint Mary's University and will be used for the purpose of assessing requests for exemptions to this Policy.

This information is being collected and stored electronically and will be accessed by the Human Resources Department (for faculty and staff applications) and the Department of Student Affairs and Services (for student applications) to assess these requests. Information collected will always remain within Canada and will be retained until vaccination requirements are lifted by Saint Mary's University.

Information gathered in this platform may be disclosed to persons assessing your application. Exemption granted for students living in on-campus Student Housing will be shared with the Student Housing Office and will include student name, student number and that the request was approved – no further information will be shared.

In submitting this form, any information collected will be protected and used in compliance with Nova Scotia's Freedom of information and Protection of Privacy Act 1993, c5,s.1.

In accordance with the Nova Scotia *Human Rights Act*, the University prohibits discrimination based on any protected ground, including disability, religion and/or creed, and acknowledges that some members of the University community may require reasonable accommodations in relation to the University's COVID-19 vaccination requirement. Individuals requesting a medical or religious exemption must complete this form per the instructions below.

INSTRUCTIONS:

- If you are seeking a **medical exemption**, you must complete Part 1 and submit the form to your healthcare provider. The healthcare provider must complete Part 2 and return the form to you.
- If you are seeking a **religious exemption**, you must complete Part 3 and provide supporting documentation as requested.
- You must then submit the completed request form and any supporting documentation to Student Affairs and Services (students) at student.services@smu.ca or [Human Resources](mailto:hr@smu.ca) (employees/applicants) at hr@smu.ca.
- Upon review of the completed form and documentation, the University may seek additional information to better understand your request for exemption.
- Once the University's review is complete, you will be notified of the decision regarding your requested exemption.
- The University may require you to reapply for approved exemption(s) from time to time.

PART 1 – MEDICAL EXEMPTION REQUEST:

If you have a medical condition that conflicts with the COVID-19 vaccination requirement, please complete the following information and return it to Student Affairs and Services (students) at student.services@smu.ca or [Human Resources](mailto:hr@smu.ca) (employees/applicants) at hr@smu.ca.

Name: _____

Date of Request: _____

Position (if applicable): _____

Department (if applicable): _____

A#: _____

Has your medical provider advised you not to be vaccinated against COVID-19 based on a contraindication consistent with guidance published by the National Advisory Committee on Immunization (NACI)?

Yes No

To support your request for exemption, please ensure your healthcare provider completes Part 2 of this form. In some cases and depending upon the information provided by your healthcare provider below, the University may request additional information or other documentation. The University may need to discuss your exemption request with you and/or your healthcare provider to understand and address your request for an exemption.

I verify that the above information is complete and accurate, and I understand that any intentional misrepresentation contained in this request may result in disciplinary action. I also understand that my request for an exemption may not be granted if it is not reasonable or if it creates an undue hardship or direct threat to the University community. I also understand that if my request is granted, it may be subject to conditions that I follow other health and safety protocols at the direction of the University.

Signature: _____

Date: _____

PART 2: – HEALTHCARE PROVIDER CERTIFICATION

Please provide the following information:

Note to Provider: Answer, fully and completely, all applicable parts.

Name of Patient: _____

Patient should not be immunized for COVID-19 for the following reason(s)(do not disclose a diagnosis):

I certify that Patient has the above contraindication and recommend that they not receive the COVID-19 vaccination because of the above contraindication.

Healthcare Provider's Name (please print): _____

Specialty: _____

Address: _____

Phone Number: _____

Healthcare Provider's Signature: _____

Date: _____

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Date Received: _____

Medical Exemption approved? Yes No

Signature of staff processing request: _____

Date request approved or denied: _____

Conditions of approval (if any): _____

Reason denied (if applicable): _____

PART 3: – RELIGIOUS AND/OR CREED EXEMPTION REQUEST

If your sincerely held religious beliefs, practices or creed conflict with the COVID-19 vaccination requirement, please complete the following information and return it to Student Affairs and Services (students) at tom.brophy@smu.ca or Human Resources (employees/applicants) at hr@smu.ca.

Name: _____

Date of Request: _____

Position (if applicable): _____

Department (if applicable): _____

A#: _____

Please explain why you are seeking a religious/creed exemption (use space below and additional sheet(s) as needed). In addition, to assist the University in understanding your requested exemption, please provide any information or documentation that supports your request for an exemption. Examples of supporting information or documentation may include:

- A communication (i.e., email or letter) from a spiritual leader or scholar that explains the religious contraindication to receiving the COVID-19 vaccine;
- Written materials describing the religious belief or practice which contraindicates receipt of the COVID-19

In some cases, and depending upon the supporting information provided along with this Form, the University may request additional information or other documentation of your religious practice(s), creed(s) or belief(s). The University may need to discuss the nature of your religious practices(s), creed(s) or belief(s), and exemption request with you, your spiritual leader (if applicable) or religious scholars to understand and address your request for an exemption.

I verify that the above information is complete and accurate, and I understand that any intentional misrepresentation contained in this request may result in disciplinary action. I also understand that my request for an exemption may not be granted if it is not reasonable or if it creates an undue hardship on the University. I also understand that if my request is granted, it may be subject to conditions that I follow other health and safety protocols at the direction of the University.

Signature: _____

Date: _____

FOR HUMAN RESOURCES OR STUDENT AFFAIRS USE ONLY

Date Received: _____

Religious Exemption approved? Yes No

Signature of staff processing request: _____

Date request approved or denied: _____

Conditions of approval (if any):

Reason denied (if applicable):

