

Statement of Medical Exemption Mandatory COVID-19 Vaccination for Campus Activities

Section 1 - Requester Information			
Last Name	First Name	Student/Employee Identification Number (if applicable)	
Street Name	Street Number	Unit Number	PO Box
City/Town	Province/Country		Postal Code

Ryerson University's ("Ryerson") COVID-19 Vaccination Policy requires that individuals be fully vaccinated against COVID-19 as a condition of entry to its campus or participation in-person university activities, unless they have a valid exemption.

By submitting this form, I am asking that I/my child be exempted from the COVID-19 vaccination requirement for medical reasons. I certify that the information provided in sections 2 and 3 below was completed by my/my child's physician or nurse practitioner.

I understand that should a COVID-19 outbreak occur or where it is otherwise deemed necessary for the purpose of health and safety, Ryerson or Toronto Public Health may impose additional restrictions or requirements on me/my child with respect to my/my child's attendance on Ryerson's campus, which may not apply to others on campus who have been fully vaccinated.

I understand that, notwithstanding the granting of any exemption, Ryerson will require me/my child to undergo mandatory COVID-19 rapid testing and may require me/my child to follow additional health and safety protocols, including, but not limited to, enhanced masking, physical distancing, and remote working or learning.

Signature of Requester/Parent/Legal Guardian

Name of Parent/Legal Guardian if Requester is under the age of 18): _____

Date: _____

Risks of not being vaccinated:

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 COVID-19 virus may transmit more easily.

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:

- who are an older adult (increasing risk with each decade, especially over 60 years)
- of any age with chronic medical conditions, including: lung disease, heart disease, high blood pressure, diabetes, kidney disease, liver disease, dementia, or stroke
- 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
- living with obesity, such as having a body mass index (BMI) of 40 or higher

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) 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#vaccination>;

SECTION 2 – Declaration of Physician or Registered Nurse in the Extended Class (Nurse Practitioner)

Ontario Public Health has published guidance on [COVID-19 Vaccination Recommendations for Special Populations](#).

The [College of Physicians and Surgeons of Ontario](#) (CPSO) has advised all Physicians as follows: Generally speaking, there are *very few* acceptable medical exemptions to the COVID-19 vaccination (e.g., an allergist/immunologist-confirmed severe allergy or anaphylactic reaction to a previous dose of a COVID-19 vaccine or to any of its components that cannot be mitigated; a diagnosed episode of myocarditis/pericarditis after receipt of an mRNA vaccine).

Given the rarity of these exceptions, and in light of the fact that vaccines have been proven to be both safe and effective, any notes written for patients who qualify for a medical exemption must specify:

- the reason they cannot be vaccinated against COVID-19 (i.e., document clear medical information that supports the exemption); and
- the effective time period for the medical reason (i.e., permanent or time-limited).

I, _____ (name of physician or registered nurse in the extended class) _____

certify that, due to medical reasons, including a medical condition or medical circumstances, the named person should be exempted from the requirements of Ryerson University for persons attending campus or participating in in-person activities to be vaccinated against COVID-19 with a Health Canada or World Health Organization-approved vaccine.

If the reason for the medical exemption relates to a condition, please indicate if it is temporary and the expected time period for the medical condition:

from _____ to _____.

Please state the reason(s) for the medical exemption request here.

Please describe the nature of the condition that precludes vaccination. Please state whether or not the condition is expected to be permanent. It is not necessary to provide a diagnosis.

Section 3 – Signature of Physician or Registered Nurse in the Extended Class (Nurse Practitioner)

Name of Physician or Registered Nurse in the Extended Class		Registration/License No.	
Business Address/Unit Number	Street Number	Street Name	PO Box
City/Town	Province/State/Country		Postal Code
Signature of Physician or Registered Nurse in the Extended Class			Date

As per section 366 of the Criminal Code, it is an offence to make a false document, knowing it to be false, with intent that a person should be induced, by the belief that it is genuine, to do or to refrain from doing anything.

Privacy

Personal Information that you provide to the University on this form is collected under the authority of the [Ryerson University Act, 1977](#). The information you provide under this form will be used for the purposes of determining the qualification of the person identified on this form for a medical exemption from the requirements of Ryerson University’s Mandatory COVID-19 Vaccination Policy and related purposes.

Your personal information will be protected in accordance with the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the University’s collection, use, and disclosure of personal information, please contact Ryerson University’s Privacy Officer via email at fippa@ryerson.ca.