



COVID-19 Vaccination Policy  
Request for Accommodation  
**Medical Exemption**

Employee Name	
Position	
Name of Immediate Supervisor/Manager	
Phone Number/email address	

The Municipality of Clarington is committed to providing a safe working environment for all employees and therefore requires employees to be vaccinated against COVID-19, per policy H-37 Workplace COVID-19 Vaccine Policy, unless they have a valid exemption. The Municipality will comply with its human rights obligations and accommodate employees who are legally entitled to accommodation.

The following professional who are licensed to practice may complete this form:

**Family Physician    Nurse Practitioner    Medical Specialist**

**Please read carefully:**

Requests for medical exemptions will 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.
- The duration of the exemption is at the sole determination of the Municipality. Individuals approved for an exemption may request recertification, if required.

**Please confirm that you have read the following statements by checking the corresponding boxes:**

- I authorize my licensed medical practitioner to provide the information contained in this form including my permission to disclose the medical condition for the exemption and, if required, to supply additional information relating to my medical exemption.
- I authorize my employer to communicate with my licensed medical practitioner to provide the information contained in this form and, if required, to supply additional information relating to my medical exemption.
- I certify that the information I have provided is accurate and complete as of the date of this submission. I understand that I may be subject to disciplinary action if any of the information I provide in support of this exemption is false or misleading.



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**Employee to Complete**

By my signature below, I, \_\_\_\_\_, confirm that I have filled out this form honestly and that my status as noted herein is accurate. I confirm that I will update the Municipality of Clarington in the event my status changes. I understand that if I provide false information, I may be subject to discipline up to and including termination of employment.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

**To be completed by the licensed medical practitioner:**

Please explain below the medical contraindication that prevents the individual from being vaccinated against COVID-19.

To protect the health and safety of our employees, their families, and the public we serve, the Municipality is making COVID-19 vaccination a condition of employment.

I certify that (first and last name) \_\_\_\_\_ has the above contraindication and support the request for a medical exemption from the COVID-19 vaccine requirement of the Municipality of Clarington.

This exemption is permanent:    yes        no   

This exemption is temporary:    yes        time frame: \_\_\_\_\_

**Medical Provider Information**

Name: \_\_\_\_\_

Specialty: \_\_\_\_\_

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

Name of affiliated health organization: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

To submit a Medical Exemption Form request, please scan and email a copy of the completed application to [HRVaccine@clarington.net](mailto:HRVaccine@clarington.net)

The information is used to assess and respond to requests for accommodation.

Personal Information contained on this form is collected under the authority of the Municipal Act and the subsection 25(2)(h) of the Ontario Occupational Health and Safety Act,. The information will only be used and disclosed in accordance with the Clarington COVID-19 Vaccine Policy. Questions about the collection, use, or disclosure of your COVID-19 vaccination information can be directed to the Municipal Clerk.