

COVID-19 Vaccination Accommodation Application



To protect the health and safety of our community, Ontario Tech University is requiring all employees and students to be fully vaccinated against COVID-19 prior to coming to campus. Any University Member who cannot be vaccinated for medical reasons or on other grounds protected under the Ontario Human Rights Code may request an accommodation. By submitting this form, you acknowledge that you are seeking an accommodation to the COVID-19 vaccination requirement.

Complete Section 1 and either Section 2 A or B depending on the accommodation you are seeking.

Completed **Student** forms are to be emailed to: [Student Accessibility Services](#)

Completed **Employee** forms are to be emailed to: [Julie Day, Health and Disability Management Specialist, Human Resources](#)

PLEASE READ CAREFULLY:

- Requests for accommodation will be considered upon completion and presentation of this form.
- To continue to protect the health and safety of the campus community, approved accommodations may include measures other than the applicant being granted access to campus.
- Individuals with an approved accommodation will be notified in writing through their Ontario Tech University email.
- Decisions will be made consistent with the University's [Accommodation Policy](#) and [Respectful Campus Policy](#). In the event that an application is denied, individuals are permitted to reapply if new documentation and/or information becomes available.
- This form only applies to requests for accommodation from Ontario Tech University's COVID-19 vaccination requirement. 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 accommodation.
- Students under the age of 18 must have their parent or legal guardian sign the declaration on their behalf
- Should an outbreak occur, the Durham Region Health Department or Ontario Tech University may impose additional restrictions or requirements that may not apply to other University members who have been fully vaccinated.
- The applicant may choose to be vaccinated at a later date.

Section 1 – Employee/Student Information (required)				
Last Name		First Name		DOB (yyyy/mm/dd)
Home Address				
Unit Number	Street Number	Street Name		PO Box
City/Town		Province		Postal Code
Telephone:		Cell Phone:		
Banner ID:		Program of Study/Job title		

Parent/Guardian Information (required only for students under the age of 18)				
Last Name		First Name		
Home Address				
Unit Number	Street Number	Street Name		PO Box
City/Town		Province		Postal Code
Telephone:		Cell Phone:		

Applicant Declaration (required)	
I, _____, (Applicant or Parent/Legal Guardian Full Legal Name)	
Am the applicant or am the parent/legal guardian of the minor applicant and certify that the information provided on this application form is accurate and complete as of the date of this submission. I/the minor applicant understand that knowingly providing false or misleading information on this application form is inconsistent with the expectations and obligations set forth in the University's Accommodation Policy and may result in disciplinary actions being taken against me/the minor applicant under applicable university policies and procedures.	
I/the minor applicant confirm that the requirement to obtain COVID-19 Vaccination conflicts with my medical and/or creed/religious-based needs and am seeking an accommodation from the COVID-19 vaccination requirement on that basis. I/theminor applicant understand that the University may, at its discretion, approve reasonable Accommodation Measures under the Accommodation Policy that includes granting a conditional exemption requiring me to comply with stricter public health and safety measures, including, but not limited to: enhanced face-masking, rapid-testing, restricted access to campus or facilities, and/or limited participation in certain programs, activities and events. By completing section 2A below, I/the minor authorize my licensed medical practitioner to	

provide the information contained in this form including if applicable, my permission to disclose the medical condition necessitating the exemption and, if required, to supply additional information relating to the medical limitation(s) preventing me from receiving any of the COVID-19 vaccines publicly available in Ontario. This authorization applies solely for the purposes of the University’s assessment of requests for accommodation associated with the University’s Mandatory COVID-19 vaccine program. I/the minor applicant agree that this authorization is valid throughout the duration of my/the minor applicant’s request for accommodation and the durations of any accommodation put in place or any dispute related to this request for accommodation.

Applicant or Parent/Legal Guardian Signature: _____

Section 2A – Medical Accommodation (to be filled out by the Applicant’s treating medical practitioner)

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

certify that, due to a medical condition the named applicant should be exempted from the requirements of Ontario Tech University’s Mandatory COVID-19 Vaccination Directive, which requires faculty, staff, and students to be vaccinated against COVID-19 with one dose of a publicly available vaccine by September 3, 2021, and be fully vaccinated by October 17, 2021. I have completed an individual assessment, considered the [Ministry of Health: COVID-19 Vaccination Recommendations for Special Populations](#) and [Ministry of Health: Medical Exemptions to COVID-19 Vaccination](#) and/or the [Canada Public Health Recommendations on the Use of COVID-19 Vaccinations](#) and reviewed risks and benefits with the above-named applicant. The reasons and anticipated length of accommodation are explained below.

Length of accommodation:	Permanent <input type="checkbox"/>	Temporary <input type="checkbox"/>	Specify duration: _____
(yyyy/mm/dd – yyyy/mm/dd)			

Use this space to provide the specific medical information that supports the exemption.

Doctor/Nurse Practitioner Information

Last Name	First Name	Email
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Business Address

Unit Number	Street Number	Street Name	PO Box
City/Town	Province	Postal Code	

Official Stamp	Phone
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Section 2B – Creed/Religious Accommodation

Use this space to explain the basis for your Creed/Religious-based accommodation request. Include answers to the following:

- a. Identify the Creed/Religion (including denomination) that you belong to. How long have you been a member?
- b. Has your Creed prevented you from taking all vaccines in the past or just the COVID-19 vaccines?
- c. What specifically is it about the COVID-19 vaccines that you are opposed to?
- d. How is this opposition linked to your Creed (be specific and detailed)?

(Additional supporting documents may be submitted in a separate document along with this form to help aid the assessment your application.)

Notice: Applicants seeking an accommodation from vaccination requirements on the basis of creed/religion may be required to verify their creed/religion-related needs. In such cases, the University will notify you of the need for additional or verifying information/documentation prior to granting an accommodation.

Notice of Collection and Disclosure of Personal Information

Personal information on this form is collected under the authority of the University of Ontario Institute of Technology Act, SO 2002, e. 8, Sch. O. and will be collected, protected, used, disclosed and retained in compliance with Ontario’s Freedom of Information and Protection of Privacy Act R.S.O. 1990, c. F.31. This information will be used to administer and enforce the University’s COVID-19 vaccination program, aimed at decreasing the risk to the health of individuals on campus due to COVID-19.

The university may disclose this information to Durham College employees who are providing services to the university under an agreement to share services. This information will be shared only to the extent required to provide the service.

This information will be used and disclosed for these purposes as well as other purposes authorized and required by law, for example, it may be disclosed to the Chief Medical Officer of Health and Ontario public health units where disclosure is necessary for a purpose of the Health Protection and Promotion Act or local public health guidelines.

Questions regarding the collection of your personal information may be directed to: Ontario Tech University Access and Privacy Office, 2000 Simcoe Street North, Oshawa, ON L1H 7K4, 905.721.8668, ext. 6705, email: accessandprivacy@ontariotechu.ca.