

MEDICAL EXEMPTION TO DECLINE THE COVID-19 VACCINE

_____ has a medical exemption for the COVID-19 Vaccine in relation to a condition indicated below. Please note that employees may be required to provide additional information/supporting documentation as required by *[Organization's Name]*.

Printed Name of Employee

The following conditions are the only absolute medical exemptions from the COVID-19 vaccine as outlined by the Ministry of Health:

- **Pre-existing Conditions:**
 - Myocarditis prior to initiating an mRNA COVID-19 vaccine series
 - Severe allergic reaction (including anaphylaxis) to a component of a COVID-19 vaccine
- **Contraindications to Initiating an AstraZeneca or Janssen COVID-19 Vaccine Series:**
 - History of capillary leak syndrome (CLS)
 - History of cerebral venous sinus thrombosis (CVST) with thrombocytopenia
 - History of heparin-induced thrombocytopenia (HIT)
 - History of major venous and/or arterial thrombosis with thrombocytopenia
- **Adverse Events Following COVID-19 Immunization:**
 - Thrombosis with thrombocytopenia syndrome (TTS)/VITT following the AstraZeneca or Janssen COVID-19 vaccine
 - Myocarditis or pericarditis following an mRNA COVID-19 vaccine
 - Severe allergic reaction (including anaphylaxis) following a COVID-19 vaccine
 - Serious adverse event following COVID-19 immunization (e.g., results in hospitalization, persistent or significant disability/incapacity)
- **Other:**
 - Actively receiving monoclonal antibody therapy or convalescent plasma therapy for the treatment or prevention of COVID-19
 - Actively receiving or recently completing immunosuppressing therapy anticipated to significantly blunt vaccine response

There are very few contraindications to Health Canada authorized COVID-19 vaccines that would qualify for a medical exemption.

The Ministry of Health's [Medical Exemptions to COVID-19 Vaccination](#) is to be used to evaluate contraindications and/or precautions to COVID-19 vaccination. The treating physician and/or primary care provider should discuss options for immunization with the COVID-19 vaccine, including a risk-benefit analysis, prior to confirming a medical exemption.

Temporary Medical Exemption:

I certify that the individual named above is temporarily exempt from COVID-19 vaccination for the following reason and timeframe:

Physician Signature: _____ Date: _____

PLEASE NOTE: The information provided in this document does not contain legal advice and should not be relied on or treated as legal advice. Those for whom these recommendations are intended should seek their own legal advice to address their specific workplace circumstances.