

COVID-19 Non-Medical Vaccination Exemption Request



Section 1 – Student/Employee Information

Last Name	First Name	Date of Birth (YYYY/MM/DD)
I am a: Student Employee Other	Student/Employee Number:	

Home Address

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

Program (Student) / Department (Employee) / Reason for Attending Campus (Other):

Which human rights ground(s) is your Accommodation Request related to?

Religion/Creed Other (please specify):

Expected Duration/Time Period for this Accommodation:

Permanent Temporary: End date or re-evaluation date:

Please explain within the text box below or by way of an attached letter why you are unable to be vaccinated due to an identified non-medical human rights ground. If you are requesting accommodation on the basis of religion/creed, please ensure you provide background on your religious belief/creed and connect the religious belief/creed with your observances and to the reason you are requesting an exemption from the [Policy Statement](#). If you have selected "other," above please provide a description of why you need to access campus. Please be detailed in your explanation. Attach supporting documentation to substantiate your request

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What type(s) of accommodation(s) might address your needs?

Notice of Collection of Personal Information

The information gathered on this form is collected under the authority of The Ontario Colleges of Applied Arts and Technology Act, 2002, S.O. 2002, Schedule F ("OCAAT Act"). The information is used for the purposes of determining and/or implementing an accommodation to the College's mandatory vaccination requirement and consistent purposes. Questions regarding the collection or use of this personal information should be directed to the General Counsel and Corporate Secretary's Office at 905-575-1212 ext. 2189.

Signature

Date

RETURN THE COMPLETED FORM AND DOCUMENTATION TO HEALTHYCAMPUS@MOHAWKCOLLEGE.CA