# **Covid-19 Vaccine**



# **Medical Accommodation Request Form**

(This document may be subject to independent medical review.)

It is the expectation that all members of Parkland School Division community be vaccinated for protection against COVID-19.

Beginning November 15, 2021, every member of the PSD community (all staff, contractors and adult volunteers) will be required to show proof of at least one dose of an approved Health Canada COVID-19 vaccine before entering a PSD facility. Individuals who are unable or who are unwilling to get vaccinated will be required to provide regular and frequent negative COVID-19 test results and to submit a daily symptom checklist in order to access our sites. All medical accommodation requests are subject to independent verification from a physician chosen by Parkland School Division.

### INSTRUCTIONS

1. Complete Section 1 and 2.

- 2. Ask your health care professional to complete Section 3 and 4.
- 3. Return the form to Parkland School Division Human Resources via email:

Email: shae.abba@psd.ca

## **SECTION 1: Employee Information** (to be completed by the applicant)

Last Name		First Name			
Address – Apt. Number, Street, Box Number		City/town		Province	Postal Code
Date of Birth (dd/mm/yyyy)	Telephone		Cell Pho	one	
PSD Campus or Facility	Employee #				

# SECTION 2: Employee Authorization for Health Care Practitioner to Release Medical Information

I hereby authorize the information on this form to be released to Parkland School Division

Employee Signature		Date (dd/mm/yyyy)
Witness Signature	Witness Printed Name	

# SECTION 3: Licensed Health Care Practitioner – authorized by licensing body to diagnose

Last Name		First Name					
Address – Apt. Number, Street, Box Number			City/town		Provin	ice	Postal Code
Profession		License Number		Telephone		Fa	x
How long have you been treating this patient for the condition which you are diagnosing?	Signa	ature				Date	(dd/mm/yyyy)

# SECTION 4: Disability Information (to be completed by licensed health care practitioner)

Parkland School Division requires your verification that the above-named employee, community member, or contractor has a disability that prevents the above-named person from being fully vaccinated in accordance with Parkland School Division's Covid-19 Vaccination Directive. Accommodations for disability may only occur with appropriate documentation provided to the Director of Human Resources, Shae Abba.

#### Verification of Disability

To determine whether the patient has a disability that prevents them from being fully vaccinated against COVID-19, please answer

yes or no to the following.

• Does the patient have any other medical condition(s) which would preclude them from receiving the COVID-19 vaccine?



If yes, provide additional detail regarding the associated functional limitations:

#### PLEASE NOTE:

The National Advisory Committee on Immunization recommend the following groups receive COVID-19 vaccinations:

- Immunocompromised
- Pregnant or breastfeeding
- Autoimmune condition

The following are examples of conditions that will not be considered for an accommodation on the basis of disability:

- Severe allergic reactions other than that listed above
- History of vaccine side effects (without further evidence related to the COVID-19 vaccine)
- Fear of needles
- General avoidance of vaccines

A history of COVID-19 infection or positive antibody screen is not considered a substitute for vaccination and will not form the basis for an accommodation on the basis of disability.

#### Length of Accommodation

Permanent disability	<b>Permanent disability:</b> a functional limitation caused by a physical or mental impairment which restricts the person's ability to perform the daily activities necessary to participate fully in the labour force and is expected to remain with the person for the person's expected life. Comments:
Temporary disability	
	Date ending:

#### Additional Information (optional)

Additional information or other recommended accommodations related to COVID-19. Please provide any other information about the employee's disability and their functional limitations that Parkland School Division should consider: