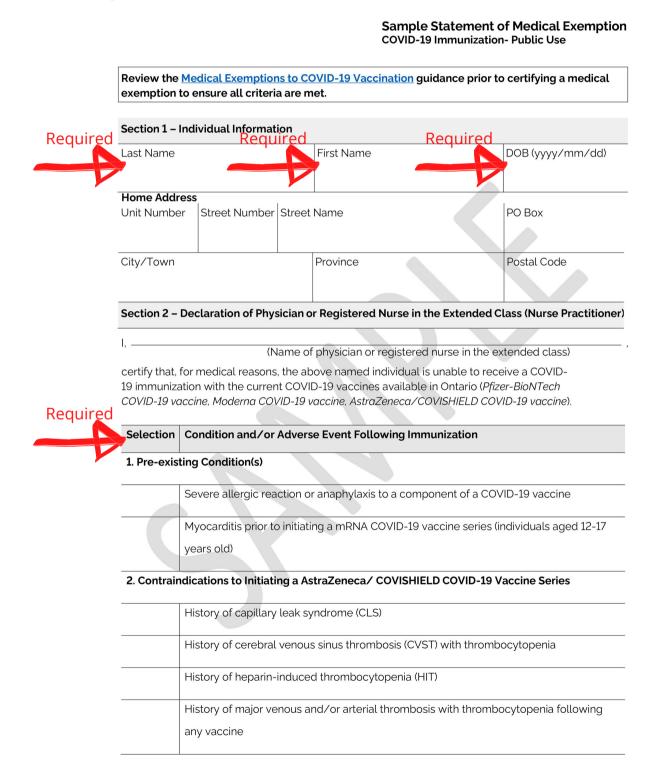
Note: This is a sample template form for medical exemptions and these forms may vary. However, all medical exemptions should include a similar degree of detail, according to the College of Physicians and Surgeons and the College of Nurses. **Medical exemption forms should include the name and date of birth of the exempt person, the reason for exemption, the length of exemption, and a doctor's signature.**



3. Adverse Events Following COVID-19 Immunization

Severe allergic reaction or anaphylaxis following a COVID-19 vaccine		
Thrombosis with thrombocytopenia syndrome (TTS)/Vaccine-Induced Immune		
Thrombotic Thrombocytopenia (VITT) following the Astra Zeneca/COVISHIELD		
COVID-19 vaccine		
Myocarditis or Pericarditis following a mRNA COVID-19 vaccine		
Serious adverse event following immunization (e.g. results in hospitalization,		
persistent or significant disability/incapacity)		

4. Other

	Actively receiving monoclonal antibody therapy OR convalescent plasma therapy for the treatment or prevention of COVID-19				
Required					
	Section 3 -	Length of Exemption			
	Permanent				
	Time	From	То		
	limited	yyyy/mm/dd	yyyy/mm/dd		
,	Section 4 - Signature				
	Business Ad			1	
	Unit Number	Street Number Street Name		PO Box	
	City/Town		Province	Postal Code	
Required					
	Signature of Extended Cla	Physician or Registered Nurse in the ass	Designation	Date (yyyy/mm/dd)	