

Please contact diversity@durhamcollege.ca if you require assistance to complete this form.

To protect the health and safety of our community, Durham College is requiring all employees and students to be fully vaccinated against COVID-19 prior to coming to campus. Any individual who cannot be vaccinated for medical reasons or on grounds protected under the Ontario Human Rights Code may request an exemption to this requirement. 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.

Durham College students and employees are to email their completed form to:

diversity@durhamcollege.ca

Please Read Carefully:

- Requests for accommodation will be considered upon completion and presentation of this form.
- Decisions will be consistent with Durham College policy, and will be communicated through the Durham College email system. 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 Durham College’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 Durham College may impose additional restrictions or requirements that may not apply to others who have been fully vaccinated.
- The applicant may choose to be vaccinated at a later date, and will provide the appropriate supporting documentation at that time.

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)		
<p>I, _____ Applicant or Parent/Legal Guardian Full Legal Name</p> <p>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 College Policy and may result in disciplinary actions being taken.</p> <p>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/the minor applicant understand that the College may, at its discretion, approve reasonable accommodations that may include granting a conditional exemption requiring compliance with stricter public health and safety measures, restricted access to campus or facilities, and/or limited participation in certain programs, activities and events.</p> <p>By completing section 2A below, I/the minor applicant authorize my licensed medical practitioner to provide the information contained in this form including if applicable, my permission to disclose medical information 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 College's assessment of requests for accommodation associated with the Durham College's COVID-19 vaccine requirements. 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.</p>		
<table border="1"> <tr> <td>Applicant or Parent/Legal Guardian Signature:</td> <td></td> </tr> </table>	Applicant or Parent/Legal Guardian Signature:	
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Section 2A – Medical Accommodation

(to be fill out by the Applicant's treating medical practitioner)

I, _____
Name of Licensed Physician or Nurse Practitioner

certify that, due to a medical condition the named applicant should be exempt from the requirements of Durham College's mandatory COVID-19 Vaccination policy, 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/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 checked in the boxes below:

Medical Precautions

Immunity

Contraindication

Other

Length: If the medical condition is temporary, please indicate the expected time period for which the exemption request applies.

Permanent

Temporary – Start Date (yyyy-mm-dd): _____ Anticipated End Date: _____

Use this space to provide additional information as necessary. Disclosure of a medical diagnosis is not required.

Physician/Nurse Practitioner Information			
Last Name	First Name	Email	
Business Address			
Unit Number	Street Number	Street Name	PO Box
City/Town		Province	Postal Code
Official Stamp			Telephone

Section 2B – Creed/Religious Accommodation
<p>Use the space below, or attach a letter, to explain the basis for your creed/religious-based accommodation request. Identify the creed/religion that you belong to, how long you have been a member of this community of faith and how long you have refrained from receiving vaccinations. Include:</p> <ol style="list-style-type: none"> What is the sincerely-held creed/religious belief(s) that prevents you from receiving vaccinations? and; How is the above-noted belief(s) integrally linked to your identity, self-definition and fulfilment and part of a particular and comprehensive, overarching system of belief that governs your conduct and practices?

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 College 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, used, protected, 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 College's COVID- 19 vaccination policy, aimed at decreasing the risk to the health of individuals on campus due to COVID-19. The college may disclose this information to UOIT 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: Melissa Pringle, Corporate and Board Secretary at melissa.pringle@durhamcollege.ca.