

**Statement of Medical Exemption
COVID-19 Immunization- Public Use**

Review the [Medical Exemptions to COVID-19 Vaccination](#) guidance prior to certifying a medical exemption to ensure all criteria are met.

Refer to the **Medical and Clinical Trial Exemptions: Guidance for Issuing and Entering Records into COVaxON** for information on entering exemption records into COVaxON and obtaining patient consent for this purpose. If you require a copy of this guidance, please contact your Public Health Unit, the Ministry of Health, or your Regulatory College. Please see Appendix 1 to this form for best practices for obtaining consent as well as sample consent and attestation forms.

Section 1 – Individual Information

Last Name	First Name	DOB (yyyy/mm/dd)
Health Card Number	Gender	

Home Address

Unit Number	Street Number	Street Name	PO Box
City/Town	Province	Postal Code	
Email Address (Optional)		Mobile Phone Number (Optional)	

Section 2 – Substitute Decision Maker Information (if applicable)

Name	Relationship to Individual	Phone number
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Section 3 – Declaration of Physician or Registered Nurse in the Extended Class (Nurse Practitioner)

I, _____, (Name of physician or registered nurse in the extended class)

certify that, for medical reasons, the above named individual is unable to receive a COVID-19 immunization with the current COVID-19 vaccines available in Ontario (*Pfizer-BioNTech COVID-19 vaccine, Moderna COVID-19 vaccine, AstraZeneca COVID-19 vaccine, Janssen vaccine*).

Selection	Condition and/or Adverse Event Following Immunization
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1. Pre-existing Condition(s)

	Myocarditis prior to initiating a mRNA COVID-19 vaccine series (individuals aged 12-17 years old)
	Severe allergic reaction (including anaphylaxis) to a component of a COVID-19 vaccine

2. 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 following any vaccine

3. Adverse Events Following COVID-19 Immunization

	Thrombosis with thrombocytopenia syndrome (TTS)/Vaccine-Induced Immune Thrombotic Thrombocytopenia (VITT) following the Astra Zeneca or Janssen COVID-19 vaccine
	Myocarditis or Pericarditis following a 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)

4. Other

	Actively receiving monoclonal antibody therapy OR convalescent plasma therapy for the treatment or prevention of COVID-19
	Actively receiving or recently completed immunosuppressing therapy anticipated to significantly blunt vaccine response

Section 4 – Exemption End Date

Date (yyyy/mm/dd)

Section 5 - Signature

Business Address

Unit Number	Street Number	Street Name	PO Box
City/Town		Province	Postal Code
Email Address or Phone Number		Public Health Unit	Designation
Signature of Physician or Registered Nurse in the Extended Class		Registered Practitioner Number	Date (yyyy/mm/dd)