

Responsible Unit:	Occupational Health, Wellness & Safety
Last Reviewed:	December 28, 2021
Approving Sector Head:	Vice-President, Academic and Provost
Policy:	COVID-19 Vaccination Medical Exemption

Purpose and Definition

Evidence demonstrates that the COVID-19 vaccine decreases the chances of experiencing the consequences of severe COVID. Further evidence suggests that the COVID-19 vaccination is a primary strategy in moving towards ending the pandemic and moving forward with living with the COVID-19 virus in the community setting and in the workplace.

By supporting and obtaining the COVID-19 vaccine, we are doing our part to ensure that the vulnerable populations are protected on campus and within our community. But there remains populations and individuals that are unable to receive a COVID-19 vaccine due to medical reasons. This policy identifies the criteria necessary to protect the vulnerable individuals and identifies the criteria necessary to be considered for COVID-19 Vaccination Medical Exemption on Acadia campus.

Risk Assessment

There are limited medical reasons that warrant a medical exemption from a COVID-19 vaccination. There are numerous rare disorders that have not been studied specific to vaccine effects, and there are existing severe consequences or side effects to receiving a second dose of a series of COVID-19 vaccinations.

Prevention Plan

While considering the impact of individuals that have not been vaccinated and their increased susceptibility to acquiring severe COVID, along with their increased viral load if infectious, this strategic plan has been developed and implemented to protect our vulnerable campus members and the greater campus community.

Protocols Implemented

By not receiving a COVID-19 vaccine, I am considered vulnerable to severe COVID and may be more infectious (due to an increased viral load), as a result of not being vaccinated. Therefore, I pledge to the following to protect myself and others around me.

1. I will be required to complete an online mandatory education session, **prior to submitting** any of the following documentation. Confirmation of submission is required, prior to considering any of the documentation by the Occupational Health Nurse. This education session can be found at the following link by signing in:
<https://acorn.acadiau.ca/course/view.php?id=26982>

2. I will attend a rapid test clinic on campus, twice weekly (minimum 48 hours apart), at no cost (while supplies last).
3. I will provide the results confidentially by submitting my name, assigned code, and results to covid19testing@acadiau.ca
4. As a vulnerable individual, best practices for masking during the pandemic include a KN95 mask. To protect myself and others, I agree to wear a KN95 mask or a 3-ply disposable face mask while on campus. These masks provide extra filtration from the virus, fit snug to the face, and are easier to use for a long duration.
5. I will practice the various other interventional strategies available to me, to keep myself safe.
6. If I live on campus in a residence, I understand I may be asked to temporarily relocate to another residence room, in the event of an outbreak of symptoms in my existing location. This is required to protect myself and those around me because I remain susceptible to developing severe COVID-19, due to my vaccination status.
7. I understand this medical exemption only applies to campus residences and classrooms. This exemption does NOT apply to campus or community events, as they are required to follow the provincial directives and guidelines associated with events, many including proof of vaccination.

Criteria to be Met to be Considered for a COVID-19 Vaccination Medical Exemption:

1. Complete the mandatory education session listed above (prior to submitting the remaining criteria). Indicate in your email that you have completed this submission.
2. Submit credible documentation indicating your diagnosis of your medical condition. Examples include, but are not limited to the following:
 - A physician's note with your name, date of birth, and an indication that you are being treated consistent to your existing medical condition.
 - A Pharmacist's note indicating you are receiving a prescription consistent with your diagnosis.
 - Credible supporting documentation consistent with your current diagnosis.
3. Complete a one-page explanation of your diagnosis outlining the following information:
 - State your diagnosis
 - State an overview of your symptoms and the condition
 - How the COVID-19 vaccine may adversely affect your health
 - Any extenuating circumstances you may be currently experiencing that may affect the outcome of your review
 - Please provide credible resources (for example: World Health Organization, National Institute of Health, Public Health of Canada, Government of Nova Scotia, etc.)

***Sources that are NOT considered credible include news articles, blogs, etc.

4. Complete and submit Appendix 1
5. Indicate “Medical Exemption Request” on the subject line of your email submission to ensure it is addressed in a timely manner.
6. Submit all documentation confidentially, to our Occupational Health Nurse at Caroliina.landry@acadiu.ca

***Your request will be reviewed, and a response will be provided within 48 to 72 hours of submission.

Reporting

Rapid test results will be reported twice a week by submitting your assigned 4-digit code from the rapid test centre that you receive, and forwarding that code to covid19testing@acadiu.ca

This will be monitored routinely for compliance and will be followed up accordingly.

Reviews and Follow-up

Non-compliance of adhering to this policy will be followed up with education by the OHN, identifying any barriers to compliance, and potential deregistration by the University with repeated offences.

Appendix 1

COVID-19 Vaccination Medical Exemption Request Form

To be filled out by individual seeking a Medical Exemption to the COVID-19 Vaccination

This form and the accompanying Physician's or Pharmacist's note must be completed and submitted confidentially by emailing Acadia's Occupational Health Nurse at Caroliina.landry@acadiau.ca or by a direct email from your doctor/ pharmacist, by January 31, 2022.

Full name: _____

By signing below, I confirm that: _____

I have a medical condition that requires accommodation from the COVID-19 Mandatory Vaccine Protocol

1. The Physician's or Pharmacist's note attached hereto or directly emailed from their workplace and is accurate and was completed by my doctor/ pharmacist.
2. I consent to Acadia contacting my doctor/ pharmacist, to confirm my qualification for an accommodation, if necessary.
3. I understand that Acadia University reserves the right to impose additional restrictions or requirements on me for health and safety reasons which may not apply to fully vaccinated individuals.
4. I understand that I can face disciplinary measures (including deregistration) for submitting a false or fraudulent accommodation request.
5. I understand that the information collected herein is for the purpose of safeguarding the health and wellbeing of the campus community and is collected in accordance with the Nova Scotia Health Protection Act.
6. By signing below, I hereby consent to adhere to the protocols listed above and to the collection, use and disclosure of this information for the purposes of administering Acadia University's COVID-19 Vaccination Exemption Policy, and I recognize that it will be accessed, used, and disclosed only in accordance with that policy and/or as required or permitted by law.

DATED this _____ day of _____, 2021.

Signature: _____ Print Name: _____