



COVID-19 Exemption Request Form (Medical Contraindication)

ALL CALVARY SERVICES

Employee ID:
Phone:
Surname:
Given names:
Location:

RELATED POLICY

This form is covered by Calvary's [Mandatory COVID-19 Vaccination Policy](#).

INFORMATION ABOUT THIS FORM

A **Medical Contraindication** is when a person has a medical condition or is undergoing medical treatment that, when they receive a COVID-19 vaccine, it may be harmful to that person.

A Medical Contraindication does not include a conscientious objection where you are making a **personal choice** to not obtain the COVID-19 vaccine.

If you wish to cite a Medical Contraindication for the purposes of a COVID-19 Exemption Request then you must provide the **required evidence** of this.

Required Evidence means either:

1. If you are covered by a **Public Health Order or Directive** that prohibits you from working unless you have the COVID-19 vaccine and the Public Health Order or Directive requires a specific Government form – you must provide your medical contraindication information on that form.

Your Manager can provide you with the appropriate Government form.

2. If you are only covered by the *Calvary Mandatory COVID-19 Vaccination Policy*, your **treating medical doctor** must certify you as **having a medical contraindication related to all COVID-19 vaccines** (on either a permanent or temporary basis).

Evidence that will not be accepted includes:

- A medical certificate without confirmation of a medical contraindication will not be accepted as reasonable evidence; or
- A statutory declaration.

If you intend to make an Exemption Request, your completed form must be returned to your manager as soon as possible.

Exemption Request Information

1. My treating medical doctor has certified me as having a medical contraindication <u>and</u> I have attached the Required Evidence.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. I have read and understood the requirements of Calvary's <i>Mandatory COVID-19 Vaccination Policy</i> . Note: You are <u>not</u> being asked to agree with the policy.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. I understand that Calvary have introduced the <i>Mandatory COVID-19 Vaccination Policy</i> to comply with its legal duties to eliminate or minimise (as much as reasonably practicable) the spread and health impact of the COVID-19 virus on me and Calvary's patients, residents, clients and other workers.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. I have a temporary medical contraindication and I have a COVID-19 Vaccination booking at a later date. <i>If yes, indicate the date of your booking.</i>	<input type="checkbox"/> Yes Date: ____/____/____ <input type="checkbox"/> No

5. I understand that providing this Form does not guarantee my ongoing employment and it is <u>possible</u> that my employment may be terminated as a result of not obtaining the COVID-19 vaccine.	<input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>
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Employee Declaration

I declare that I have read and understood the above information and my answers above are truthful:

Name		Date	
Signature			

Office Use Only

Date and Time Received:		Manager's Initials:	
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