

COVID-19 VACCINE EXEMPTION REQUEST: NON-MEDICAL HUMAN RIGHTS GROUNDS

PART 1 - STUDENT/EMPLOYEE INFORMATION AND REQUEST

Name: _____	Please indicate if you are (<u>check all that apply</u>):
Employee/Student Number: _____	Student <input type="checkbox"/>
Home Address: _____	Faculty <input type="checkbox"/>
City: _____ Prov. _____ Postal Code: _____	Staff <input type="checkbox"/>
Telephone: _____	
Email address: _____ Date of Birth: _____	

1. Which human rights ground(s) is your accommodation request related to? (DO NOT USE this form for Disability or Medical Restrictions - please use the [COVID-19 Medical Exemption Request Form](#))

- Religion / Creed
- Other (please specify): _____

2. Describe the reason(s) why you are unable to receive an approved COVID-19 vaccination. Note that accompanying documentation is required to substantiate these reasons. DO NOT INCLUDE MEDICAL INFORMATION ON THIS FORM.

3. What type(s) of accommodation(s) might address your needs?

4. What is the expected duration/time period for this accommodation?

Temporary End date or re-evaluation date: _____ or

Permanent

5. If you are unable to be vaccinated due to a protected human rights ground, you will be required to engage in other health and safety protocols, which may include but are not limited to: completing COVID-19 testing, wearing appropriate Personal Protective Equipment (PPE) and maintaining physical distancing. In lieu of vaccination, please advise if there are any additional accommodation requirements:

6. Please provide any additional information that may assist us in reviewing your request.

PART 2 - DOCUMENTATION

Attach supporting documentation to substantiate your request, clearly demonstrating why you are unable to be vaccinated due to a human rights ground.

For medical accommodation requests, the [University's COVID-19 Vaccine Medical Exemption Request Form](#) must be submitted, which includes having a medical practitioner substantiate any medical accommodation requests. **DO NOT INCLUDE MEDICAL INFORMATION ON THIS FORM.**

You may be contacted should the University require additional information or clarification of information from you in order to assess this accommodation request.

Consent

By submitting this form, you consent to the following offices at the University collecting and reviewing the information and/or documentation that you have submitted and the implementation of an accommodation(s), including but not limited to: the University's Validation Team, Equity and Inclusion Office, Human Resources Services for staff and/or faculty, and Student Accessibility Services for students, as well as relevant employment or academic supervisors, instructors and/or faculty administrators as may be necessary to facilitate accommodation(s), regarding the expected duration of an approved exemption, restrictions/limitations, and academic accommodations, which may include but are not limited to: testing, personal protective equipment and physical distancing parameters.

Notice of Collection of Personal Information

The information gathered on this form is collected under the authority of *The McMaster University Act, 1976*. The information is used only for the purposes of determining and/or implementing an accommodation to the University's mandatory vaccine requirement, for statistical purposes, or for legal requirements. Personal information provided on this form will not be used for any unrelated purpose without consent. This information is protected and is being collected pursuant to section 39(2) and section 42 of the *Freedom of Information and Protection of Privacy Act of Ontario* (RSO 1990). Questions regarding the collection or use of this personal information should be directed to the Privacy Office, University Secretariat, Gilmour Hall, Room 210, McMaster University.

SIGNATURE		Date:
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Return the Completed Form and Documentation to:

COVID-19 Vaccination Validation Team at vacc@mcmaster.ca