

MEDICAL EXEMPTION REQUEST FORM

The person requesting a medical exemption must submit a completed copy of this form in its entirety. All pages must be reviewed and completed by the person to be exempted and/or requester, as well as the required medical doctor or nurse practitioner. The Arctic Winter Games International Committee and Wood Buffalo 2023 Arctic Winter Games Host Society representatives evaluating this request will do so in accordance with its legal duty to accommodate under the applicable legislation.

Complete and email to Dr. David Ariano (dariano@me.com), Chief Medical Officer for the Wood Buffalo 2023 Arctic Winter Games.

PART I OF MEDICAL EXEMPTION

Person To Be Exempted

Please provide the following concerning the person for which a medical exemption is requested:

First Name: _____ Last Name: _____

Email Address: _____

Phone Number: _____

Requester's Information

If the requester is different than the person to be exempted, please complete the following:

First Name: _____ Last Name: _____

Email Address: _____

Phone Number: _____

Government

In some cases, governments may issue a credential to the effect that an individual cannot be vaccinated.

The Arctic Winter Games International Committee and Wood Buffalo 2023 Arctic Winter Games Host Society will accept this credential code instead of a medical doctor or nurse practitioner attestation.

If this situation applies, the person requesting the exemption must select the check box below and present their provincial or territorial credential to the Arctic Winter Games International Committee and Wood Buffalo 2023 Arctic Winter Games Host Society.

- ☐ The person requesting a medical exemption is in possession of a government issued credential (e.g., QR code) confirming that the person cannot be vaccinated.

Medical Doctor or Nurse Practitioner

Medical Statement

I, _____ am a licensed Physician/Nurse Practitioner in the province / territory of _____. I hereby certify that _____ (indicate one of the following):

1) Has a medical contraindication to full vaccination against COVID-19 with mRNA vaccine (Pfizer-BioNTech or Moderna vaccines) based on recommendation of the [Summary of National Advisory Committee on Immunization \(NACI\) rapid response: Additional dose of COVID-19 vaccine in immunocompromised individuals following a 1- or 2-dose primary series - Canada.ca](#)

- History of anaphylaxis after previous administration of an mRNA COVID-19 vaccine
- Confirmed allergy to polyethylene glycol (PEG) which is found in the Pfizer-BioNTech and Moderna COVID-19 vaccines

(Note that if the patient is allergic to tromethamine which is found in Moderna, they can receive the Pfizer-BioNTech product)

This medical reason is (please indicate only one)

☐ Permanent

☐ Time limited and will be in effect until _____

2) Has a medical reason for delay of full vaccination against COVID-19 as described by [Summary of National Advisory Committee on Immunization \(NACI\) rapid response: Additional dose of COVID-19 vaccine in immunocompromised individuals following a 1- or 2-dose primary series - Canada.ca](#)

- *A History of myocarditis/pericarditis following the first dose of an mRNA vaccine*
- *Due to an immunocompromising condition or medication, waiting to vaccinate when immune response can be maximized (i.e., waiting to vaccinate when immunocompromised state / medication is lower)*

(Note: Consideration should be given to benefit/risk when vaccination is delayed)

This medical reason will be in effect until _____

3) Has a medical reason precluding full vaccination against COVID-19 (not covered above) as described below (for privacy reasons, only include information related to why the medical reason precludes vaccination):

This medical reason is (please indicate only one)

☐ Permanent

☐ Time limited and will be in effect until _____

Signature: _____ Date: _____

Name: _____ Telephone number: _____

License number: _____ Province/Territory: _____

Requester's Attestation

The following is to be completed by or on behalf of the person requesting a medical exemption:

I hereby certify that I am/or the person for which a request is made is unable to be vaccinated due to a medical condition:

Signature: _____ Full Name: _____

Date: _____ Location: _____

False Or Misleading Information

It is an offense under section 366 of [Criminal Code](#) to make a false document, knowing it to be false.

As per the applicable [Interim Order No. 7 Respecting Passenger Vessel Restrictions Due to the Coronavirus Disease 2019 \(COVID-19\)](#) a person who provides information to a carrier that is known to be false or misleading may also be subject to an administrative monetary penalty or other enforcement action, including prosecution.

Personal Information

Your privacy is important. Personal information you provide in this form will be used only for the purposes of assessing your request to be exempt from the Arctic Winter Games International Committee Policy on Mandatory COVID-19 Vaccines. The information provided on this form may be shared with Regional Municipality of Wood Buffalo Health Authority, the Arctic Winter Games International Committee and the Wood Buffalo 2023 Arctic Winter Games Host Society.

You may access and correct your personal information, or withdraw your consent for some uses and disclosures (subject to legal exceptions) by contacting us in writing.

All information contained within this form is managed in compliance with federal and provincial (Alberta) privacy legislation. Neither a physical nor digital copy of this form will be maintained beyond the end of the Wood Buffalo 2023 Arctic Winter Games (February 6, 2023). For more information on disclosing personal information: [Disclosing personal information | Alberta.ca](#)

PART 2 OF EXEMPTION

Confirmation of Exemption by the Arctic Winter Games International Committee and Wood Buffalo 2023 Arctic Winter Games Host Society*

This is to confirm that _____ (full name of the exempted person) has an exemption from the Arctic Winter Games International Committee Policy on Mandatory COVID-19 Vaccine.

Signature: _____

Full Name: _____

Position: _____

Organization: _____

Phone: _____

Date: _____ Location: _____

* Part 2 is to be completed by the Arctic Winter Games International Committee and Wood Buffalo 2023 Arctic Winter Games Host Society responsible to validate the exemption request in accordance with the mandatory vaccination policy.