

**COVID-19 Vaccination Exemption  
MEDICAL**



**ALLIANCE HOCKEY**

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To protect the health and safety of participants in its activities, ALLIANCE Hockey Vaccination Policy requires COVID-19 immunization of all players, bench staff, volunteers, staff and Officials for the 2021-22 season.

All participants born in 2009 or before must provide:

- a. Proof of full vaccination against COVID-19; or
- b. Written proof of a medical reason, provide by a physician or registered nurse in the extended class that sets out: **(i) a documented medical reason for not being fully vaccinated against COVID-19, and (ii) the effective time-period for the medical reason;** or
- c. A validated exemption from vaccination under the Ontario Human Rights Code (including creed/religious purposes) with evidence acceptable to ALLIANCE Hockey

Any affected person who is unable to be vaccinated for substantiated medical reasons and/or on grounds protected under the Ontario Human Rights Code may request an accommodation.

Medical exemption to the COVID-19 vaccination will primarily apply to those with severe allergic reactions or anaphylaxis to a previous dose of a COVID-19 vaccine or to any of its components and who have been assessed by an allergist/immunologist to review methods for possible (re)administration of a COVID-19 vaccine. By submitting this form, you acknowledge that you are seeking a medical accommodation to ALLIANCE Hockey's COVID-19 vaccination requirement.

**Complete SECTION 1 of this Form and have your Physician / Nurse Practitioner complete SECTION 2.**

Completed forms are to be submitted [HERE](https://alliancehockey.com/Forms/19901/). (<https://alliancehockey.com/Forms/19901/>)

PLEASE READ CAREFULLY:

- Requests for accommodation will be considered upon completion and presentation of this form.
- Individuals with an approved accommodation will be notified in writing using the email address provided by them in the form below.
- Decisions will be made in accordance with ALLIANCE Hockey's Vaccination Policy and Member Association Policies. In the event a request is denied, individuals are permitted to reapply if new documentation and/or information becomes available.
- This form only applies to requests for medical accommodation from ALLIANCE Hockey's COVID-19 vaccination requirement. If you are seeking accommodations for other purposes, you will be required to make a separate application in accordance with existing procedures. If you have a previously approved accommodation, you must still submit this form if you wish to be considered for a COVID-19 vaccination accommodation.
- Participants under the age of 18 must have their parent or legal guardian sign the declaration on their behalf.





Request for MEDICAL ACCOMMODATION regarding mandatory vaccination for participation in ALLIANCE Hockey-sanctioned hockey activities

**SECTION 1 – TO BE COMPLETED BY PARTICIPANT**

- PLEASE PRINT CLEARLY -

<b>(A) PARTICIPANT’S INFORMATION</b>	
<b>LAST NAME:</b>	<b>FIRST NAME:</b>
<b>EMAIL ADDRESS:</b>	
<b>Type of participant (e.g. player, game official, team official, etc.):</b>	
<b>(B) PARENT/LEGAL GUARDIAN INFORMATION (FOR INDIVIDUALS UNDER 18 YEARS OF AGE)</b>	
<b>LAST NAME:</b>	<b>FIRST NAME:</b>
<b>EMAIL ADDRESS:</b>	
<b>TELEPHONE #:</b>	
<p>By submitting this form, I am requesting that I/my child be exempted from ALLIANCE Hockey’s COVID-19 vaccination requirement based on the ground of medical condition and affirm as follows:</p> <ol style="list-style-type: none"> <li>1. I understand that ALLIANCE Hockey may approve accommodation measures that require me/my child to follow additional health and safety protocols, including, but not limited to: a. regular COVID-19 testing and disclosure of test results; and/or b. limited participation in certain programs, activities and events.</li> <li>2. I understand that should an outbreak occur, the Ontario government, facilities and/or the applicable public health authorities may impose additional restrictions or requirements on me/my child for health and safety reasons, which may not apply to fully vaccinated participants.</li> <li>3. I understand that ALLIANCE Hockey may have the information in this completed form reviewed by applicable medical specialists.</li> <li>4. I understand that as part of the accommodation process ALLIANCE Hockey may seek additional information from me relating to my/my child’s medical restrictions.</li> </ol>	
<hr/> <b>Signature of individual (or parent/legal guardian for those under 18 years of age)</b>	<b>Date:</b> _____





**SECTION 2 – PAGE 5 TO BE COMPLETED BY PHYSICIAN OR NURSE PRACTITIONER**

As per Ontario Ministry of Health: [Medical Exemptions to COVID-19 Vaccination](https://www.cpso.on.ca/Physicians/Your-Practice/Physician-Advisory-Services/COVID-19-FAQs-for-Physicians) and the College of Physicians of Ontario <https://www.cpso.on.ca/Physicians/Your-Practice/Physician-Advisory-Services/COVID-19-FAQs-for-Physicians>

Table 1: Summary of conditions and/or adverse events following immunization (AEFI) that may qualify for a medical exemption to COVID-19 vaccination

1. Pre-existing Condition(s)	Management
Severe allergic reaction or anaphylaxis to a component of a COVID-19 vaccine	<ul style="list-style-type: none"> <li>• Qualifies for medical exemption only if:               <ul style="list-style-type: none"> <li>○ Allergy was documented and evaluated by an allergist/immunologist; AND</li> <li>○ Discussion with allergist/immunologist has occurred on potential options for immunization with the same or alternative COVID-19 vaccine; AND</li> <li>○ Allergist/immunologist has determined that the individual is unable to receive any COVID-19 vaccine.</li> </ul> </li> </ul>
Myocarditis prior to initiating an mRNA COVID-19 vaccine series (individuals aged 12-17 years old)	<ul style="list-style-type: none"> <li>• As per <a href="#">NACI</a>, individuals aged 12-17 years old with history of myocarditis unrelated to mRNA COVID-19 vaccination should consult their clinical team for individual considerations and recommendations.<sup>1</sup></li> <li>• Qualifies for medical exemption if:               <ul style="list-style-type: none"> <li>○ Discussion with relevant specialist on potential options for immunization with an mRNA COVID-19 vaccine or alternative; AND</li> <li>○ Relevant specialist has determined that the individual is unable to receive any COVID-19 vaccine.</li> </ul> </li> </ul>

<sup>1</sup> As per NACI if the diagnosis with myocarditis is remote and they are no longer followed by a medical professional for cardiac issues, they should receive an mRNA COVID-19 vaccine.

3. Adverse Events Following COVID-19 Immunization <sup>3</sup>	Management
Severe allergic reaction or anaphylaxis following a COVID-19 vaccine	<ul style="list-style-type: none"> <li>• Qualifies for medical exemption if:               <ul style="list-style-type: none"> <li>○ Allergy was documented and evaluated by an allergist/immunologist; AND</li> <li>○ Discussion with allergist/immunologist has occurred on potential options for (re)immunization with the same or alternative COVID-19 vaccine; AND</li> <li>○ Allergist/immunologist has determined that the individual is unable to receive any COVID-19 vaccine.</li> </ul> </li> </ul>
Thrombosis with thrombocytopenia syndrome (TTS)/VITT4 following the Astra Zeneca/COVISHIELD COVID19 vaccine	<ul style="list-style-type: none"> <li>• Series should be completed with an mRNA vaccine.</li> <li>• Qualifies for medical exemption only if:               <ul style="list-style-type: none"> <li>○ Individual has medical exemption to completing their vaccine series with an mRNA vaccine</li> </ul> </li> </ul>

<p>Myocarditis or Pericarditis following a mRNA COVID-19 vaccine</p>	<ul style="list-style-type: none"> <li>• Qualifies for medical exemption if: <ul style="list-style-type: none"> <li>○ Myocarditis/pericarditis was diagnosed after medical evaluation (e.g. ER physician, relevant specialist).</li> </ul> </li> <li>• In situations where there is uncertainty regarding myocarditis/pericarditis diagnosis, discussion should occur with relevant specialist on potential options for (re)immunization with the same or alternative COVID-19 vaccine. The individual qualifies for a medical exemption if the relevant specialist has determined that the individual is unable to receive any COVID-19 vaccine.</li> </ul>
<p>Serious adverse event following COVID-19 immunization (e.g. results in hospitalization, persistent or significant disability/incapacity)</p>	<ul style="list-style-type: none"> <li>• Qualifies for medical exemption if: <ul style="list-style-type: none"> <li>○ Event has been medically evaluated; AND</li> <li>○ Discussion has occurred with a relevant specialist (e.g., allergist/immunologist, SIC network, Medical Officer of Health, etc.) on the individual’s risks and benefits of potential options for immunization with the same or alternative COVID-19 vaccine; AND</li> <li>○ Relevant specialist has determined that the individual is unable to receive any COVID-19 vaccine.</li> </ul> </li> </ul>
<p>4. Actively receiving monoclonal antibody therapy OR convalescent plasma therapy for the treatment or prevention of COVID-19</p>	<ul style="list-style-type: none"> <li>• Qualifies for time-limited medical exemption while they are actively receiving therapy</li> </ul>

3 AEFI is defined as any untoward medical occurrence which follows immunization and which does not necessarily have a causal relationship with the use of a vaccine.

4 Vaccine-Induced Immune Thrombotic Thrombocytopenia (VITT).



**TO BE COMPLETED BY PHYSICIAN OR NURSE PRACTITIONER**

**Declaration of Physician or Registered Nurse in the Extended Class (Nurse Practitioner)**

I certify that, based on my examination and/or my knowledge of the medical history of the above-named person, receipt of any COVID-19 vaccine approved by Health Canada is medically contra-indicated and they should be exempted from the requirement for those participating in ALLIANCE Hockey-sanctioned activities to be fully vaccinated against COVID-19. I have completed an individual assessment, considered the Ministry of Health: COVID-19 Vaccination Recommendations for Special Populations and/or the Canada Public Health Recommendations on the Use of COVID-19 Vaccinations and reviewed risks and benefits with the abovenamed person.

<https://www.cpso.on.ca/Physicians/Your-Practice/Physician-Advisory-Services/COVID-19-FAQs-for-Physicians>

Please describe how receipt of any COVID-19 vaccine approved by Health Canada is medically contraindicated for your patient. Please note which one of the above conditions is reason for the accommodation. It is not necessary to provide a diagnosis.

If the medical condition is temporary, please indicate the expected time period for the medical condition:

From: \_\_\_\_\_ to \_\_\_\_\_.

**Name of Physician or Nurse Practitioner:**

**Registration/License No.:**

**Business address and contact information:**

\_\_\_\_\_  
**Signature of Physician or Nurse Practitioner**

**Date:** \_\_\_\_\_

