

Request for Vaccination Exemption

All questions must be answered in full and all answers must be legible. Failure to meet these requirements may jeopardize the review and any approval of the accommodation request. Please call 780-496-8835 or email disabilitymanagement@edmonton.ca if there are questions regarding form completion.

Employee Name:	Employee ID/PR#:	Dept. #:	
Position:	Address:	Home Phone:	
City/Town:	Prov:	Postal Code:	Alt. Phone:
Supervisor Name:	Supervisor Phone:		

The City of Edmonton has implemented a mandatory COVID-19 vaccination policy for its employees that requires all employees to be fully vaccinated by November 15, 2021.

If further information or clarification is required after the request form is submitted, the Disability Management/or Labour Relations Consultant will make reasonable attempts to contact you by telephone and/or email to discuss the information required, which may include collecting additional documentation or obtaining consent for the City to contact such persons necessary to obtain further information which is relevant to your request.

It is important you understand that by submitting a request for exemption, this does not automatically entitle you to an exemption. Your request will be reviewed and a determination will be made based on an individualized assessment conducted by the City. You are required to facilitate the process by cooperating with the City's assessment of your accommodation request. Failure to cooperate in the process could jeopardize the review and any approval of the accommodation request.

Date: _____

Employee Signature: _____

Submit completed form to:
Disability Management Services, 11th Floor, Century Place,
9803 102A Ave NW Edmonton, AB T5J 3A3
Fax: 780-496-9227
Email: disabilitymanagement@edmonton.ca

** The cost of completing this form is the sole responsibility of the employee.*

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STEP A - This page must be completed by the Employee.

1. Which Human Rights ground(s) is your accommodation request related to?

- Medical (If selected, please complete the questions below and complete Step B)
- Religion (If selected, please complete the questions below and complete Step C)
- Other protected ground(s) under the *Alberta Human Rights Act* (Please specify: _____)
(If selected, please complete only the questions below)

2. Please outline why you feel you require an accommodation.

3. Please outline the accommodation you are requesting.

4. Please provide any additional information that may be useful in reviewing your accommodation request.

Employee Signature: _____

Date: _____

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STEP B - This page must be completed by the Physician.

The City of Edmonton has implemented a mandatory COVID19 vaccination policy for its employees that requires all employees to be fully vaccinated by November 15, 2021. Your patient has requested an accommodation with respect to a disability which would prevent them from being vaccinated. Please complete the following questions to assist us in understanding the need for accommodation.

Patient Name:		Date of First Visit:	
Nature of Disability:			
Describe why the Disability is impeding the ability to be vaccinated?			
Is there a treatment plan in place that may change your patient's ability to be vaccinated? Is your patient compliant with the treatment plan? <i>(Note: the City of Edmonton has a variety of programs/services in place that may help in your patient's recovery (for example: Employee Family Assistance Program, expedited diagnostics, etc). Should you wish for the City to assist, please provide the service(s) that may be required.</i>			
Prognosis: Permanent / Temporary (circle one). If temporary, please outline anticipated duration of exemption.			
Any additional information to consider:			
Physician Signature:		Date:	
Physician Name:	Phone:	Fax:	

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STEP C - This page must be completed by the Employee and witnessed by a Commissioner for Oaths

Employee Name:	Date:
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Please specify the religious organization, belief, practice, or observance that is the basis for your request for accommodation.

Please explain how the requirement to be fully vaccinated against COVID-19 conflicts with the religious organization, belief, practice, or observance described above.

I, _____, of the _____ of _____, in the Province of Alberta, make oath and say:

1. The City of Edmonton's COVID-19 vaccination requirement conflicts with my sincerely held convictions based on my religious organization, belief, practice or observance.
2. I understand that if my request is successful, the City of Edmonton may still require me to follow other health and safety measures, including, but not limited to: COVID-19 rapid antigen testing as per the City's process, physical distancing, masking, electronic pre-shift screening, and/or alternative working arrangements.

Commissioner for Oaths:

Sworn (or affirmed) before me in the _____ of _____ in the Province of Alberta, this _____ day of _____, 20____.

Commissioner for Oaths in and for the Province of Alberta

Print Name and Expiry Date

Signature

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