



STATEMENT OF MEDICAL EXEMPTION REQUIRED VACCINATION FOR ACCESS TO CAMPUS

I am Student Employee

INFORMATION

First Name: _____

Last Name: _____

CBU Email Address: _____

Student/Employee Number: _____

Cape Breton University (CBU) requires that all students and employees who will access campus be fully vaccinated against COVID-19, unless they have a valid and approved exemption for reasons protected by the Nova Scotia Human Rights Act.

By submitting this form, I am asking that I be exempt from vaccination requirements due to a medical condition or disability. I certify that the information below was completed by my physician.

Students and employees must submit this properly completed form through the exemption request in AppArmor.

I understand that CBU reserves the right to impose additional restrictions or requirements on me for health and safety reasons which may not apply to other individuals on campus who have been fully vaccinated.

I understand that if this exemption is approved, CBU will require me to be tested as set out in CBU's Vaccination and Testing Policy and that I will be required to verify my twice-weekly testing in order to access campus.

I understand that if this exemption is approved, CBU may require me to follow additional health and safety protocols, including, but not limited to masking, social distancing and twice-weekly rapid COVID-19 testing.

Signature of Individual: _____

Date: _____

DECLARATION OF PHYSICIAN

I _____ certify that, due to a medical condition or disability, the named individual should be exempted from the requirements of Cape Breton University's COVID-19 Vaccination Policy, which requires students and employees to be vaccinated against COVID-19.

If the medical condition or disability is temporary, please indicate the expected time period for the medical condition or disability.

From _____ to _____

INFORMATION OF PHYSICIAN

Full Name: _____

Registration/License Number: _____

Phone Number: _____

Business Address: _____

Signature of Physician: _____

Date: _____

Personal information on this form will be used to determine the qualification of the individual identified on this form for medical exemption from the requirements of Cape Breton University's Vaccination and Testing Policy. Questions about this collection should be directed to covidquestions@cbu.ca