

## Medical Exemption: Client Information and Consent

### COVID-19 Immunization

Version: January 26, 2022

This form is required for clients seeking a medical exemption from COVID-19 immunization. It must be completed by the client and submitted to Wellington-Dufferin-Guelph Public Health by an Ontario physician or registered nurse of the extended class with a completed Statement of Medical Exemption form.

<b>Client Information</b>		
Please provide the information below as it appears on your Ontario Health Card		
First Name	Middle Name	Last Name
Health Card Number	Date of Birth	Gender
<b>Contact Information</b>		
Mobile Phone Number	Home Phone Number	
Email Address	Family Physician	
<b>Address</b>		
Unit Number	Street Number	Street Name
City/Town	Province	Postal Code

### Consent to Collect, Use, and Disclose Personal Health Information

You have provided information regarding a medical exemption from receiving a COVID-19 vaccination. By submitting this information, you consent that the information will be collected, used, and disclosed for the following purposes:

- The information will be collected by your medical practitioner for the purpose of maintaining your health care record.
- The information will be disclosed to an Ontario public health unit or provincial vaccine contact centre to create a record of personal health information indicating your exemption from COVID-19 immunization.

- The information may be exchanged between your medical practitioner and the public health unit or provincial vaccine contact centre as may be needed to clarify or verify your exemption.
- It will be used and disclosed as required for the administration of Ontario’s COVID-19 vaccination program as well as other purposes authorized and required by law. For example,
  - It will be disclosed to the Chief Medical Officer of Health and Ontario public health units where the disclosure is necessary for a purpose of the Health Protection and Promotion Act.
  - It may be disclosed, as part of your provincial electronic health record, to health care providers who are providing care to you.

Information disclosed to the Ontario public health units will be stored in a health record system under the custody and control of the Ministry of Health.

If you consent to provide information regarding your medical exemption from receiving a COVID-19 vaccination, and then change your mind, you may withdraw consent at any time. Withdrawing your consent does not have retroactive effect but would prohibit the Ministry’s subsequent uses of your personal health information unless authorized by law. If you wish to withdraw your consent or have questions about doing so you may contact the Ministry of Health at [vaccine@ontario.ca](mailto:vaccine@ontario.ca).

**I consent to the collection, use and disclosure of my Personal Health Information as described above.**

_____	_____
<b>Signature</b>	<b>Date</b>

**I consent on behalf of the client to the collection, use and disclosure of their Personal Health Information as described above.**

_____	_____
<b>First Name</b>	<b>Last Name</b>

_____	_____
<b>Relation to Client</b>	<b>Phone Number</b>

_____	_____
<b>Signature</b>	<b>Date</b>