



STATEMENT OF MEDICAL EXEMPTION

Mandatory Vaccination for Scouts Canada

SECTION 1: Requester Information (who the exemption is for)

Last Name:

First Name:

Group / Summer Camp Name:

MyScouts Member ID:

Unit
Number:

Street
Number:

Street Name:

P.O.
Box:

City/Town:

Province/State:

Country:

Postal Code:

Scouts Canada requires that all persons attending Scouting activities, events or properties (owned or leased) be vaccinated against COVID-19 unless they have a valid exemption. An exception form must be completed for each person requesting the exception.

1. I understand that should an outbreak occur, my Public Health Unit or Scouts Canada may impose additional restrictions or requirements on me/my child for health and safety reasons which may not apply to others on Scouting activities, events or properties (owned or leased) who have been fully vaccinated.
2. I understand that Scouts Canada may require me/my child to follow additional health and safety protocols, including, but not limited to:
 - a. Mandatory COVID testing and disclosure of test results
 - b. Masking and/or physical distancing; and/or
 - c. Remote working/learning.
3. I request that I/my child be exempted from the vaccination requirements of Scouts Canada.

Signature of Requester/Parent/Legal Guardian

Date

Risks of not being vaccinated:

You may be more likely to be exposed to the COVID-19 virus than others if you live in a group setting or participate in group activities in closed/crowded spaces where the COVID-19 virus may transmit more easily.

COVID-19 can result in severe illness. Those who are at particular risk of developing more severe disease or outcomes from COVID-19 are people:

- who are an older adult (increasing risk with each decade, especially over 60 years)
- of any age with chronic medical conditions, including: lung disease, heart disease, high blood pressure, diabetes, kidney disease, liver disease, dementia, or stroke
- of any age who are immunocompromised, including those with an underlying medical condition, such as cancer or those taking medications which lower the immune system, such as chemotherapy
- living with obesity, such as having a body mass index (BMI) of 40 or higher

Vaccination is one of the most effective ways to protect our families, communities and ourselves against COVID-19. Evidence indicates that vaccines are effective at preventing serious outcomes, such as severe illness, hospitalization and death due to COVID-19. A growing body of evidence indicates that people fully vaccinated with an mRNA vaccine (Pfizer-BioNTech and Moderna) are less likely to have asymptomatic infection or to transmit COVID-19 to others.

[Sources: canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/prevention-risks.html#vaccination](https://canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/prevention-risks.html#vaccination)

Please provide this form to your physician or nurse practitioner for completion.

SECTION 2: Declaration of Physician or Registered Nurse in the Extended Class (Nurse Practitioner)

The government of Canada and physicians across the country have advised: Generally speaking, there are very few acceptable medical exemptions to the COVID-19 vaccination (e.g., an allergist/immunologist-confirmed severe allergy or anaphylactic reaction to a previous dose of a COVID-19 vaccine or to any of its components that cannot be mitigated; a diagnosed episode of myocarditis/pericarditis after receipt of an mRNA vaccine).

Given the rarity of these exceptions, and in light of the fact that vaccines have been proven to be both safe and effective, any notes written for patients who qualify for a medical exemption need to clearly specify:

- the reason they cannot be vaccinated against COVID-19 (i.e., document clear medical information that supports the exemption); and
- the effective time period for the medical reason (i.e., permanent or time-limited).

I, _____ (Name of physician or registered nurse in the extended class)

certify that, due to a medical condition, the named person should be exempted from the requirements of Scouts Canada's policy requiring persons attending Scouting activities, events or properties (owned or leased) be vaccinated against COVID-19 with a Health Canada- or WHO-approved vaccine.

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

from _____ to _____

Please state the reason(s) for the accommodation request here. (Please describe the nature of the condition that precludes vaccination. Please state whether or not the condition is expected to be permanent. It is not necessary to provide a diagnosis.):

Please explain how this accommodation request complies with the Public Health guidance:

SECTION 3: Signature of Physician or Registered Nurse in the Extended Class (Nurse Practitioner)

Name of Physician or Registered Nurse in the Extended Class:

Registration/Licence No.

Business Address

Unit
Number:

Street
Number:

Street Name:

P.O.
Box:

City/Town:

Province/State:

Country:

Postal Code:

**Signature of of Physician or Registered
Nurse in the Extended Class:**

Date:

The Physician or Registered Nurse in an Extended Class must submit the properly completed form.