



HEO COVID-19 VACCINATION MEDICAL EXEMPTION REQUEST FORM

I, _____, a duly registered Physician / Registered Nurse (Extended Class) / Registered Nurse Practitioner in the Province/State of _____, hereby attest to have reviewed the information below. Despite this information, it is still my medical opinion that my patient,

_____, who I have personally examined, is at greater health risk in receiving any/all of the Health Canada-approved COVID-19 vaccines (Pfizer-BioNTech, Moderna, Astra-Zeneca, Janssen (Johnson and Johnson)) than if they were exposed to the deltavariant of SARS-CoV-2, the virus responsible for causing COVID-19 during their participation in HEO Sanctioned Activities.

Furthermore, I am prepared to defend my decision if a complaint to my regulatory body is brought forward against me by any other person participating in HEO Sanctioned Activities who is thought to have been subsequently infected by my patient.

Due to the potential for serious health impairment and death, Health Canada and the CDC in the U.S. strongly recommend that every person of every ethnicity and every state of mental and physical health receive a complete dosing regimen of COVID-19 vaccination. This includes individuals who are frail, suffering from severe anxiety/mental illness, immunocompromised and receiving chemotherapy.

Also, The Society of Obstetricians and Gynaecologists of Canada most recently stated that given that pregnant people and breastfeeding mothers are at increased risk of morbidity from COVID-19 infection, all should be eligible to receive a COVID-19 vaccination at any time during pregnancy or while breastfeeding if no contraindications exist.

Note: Allergists have created widely accepted protocols to manage allergic reactions to the components of the COVID-19 vaccines. Please provide the name and contact info any Allergist/Immunologist consulted.

(Signature) _____

(Print) _____

Registration/license # _____

Province/State _____

(Date) _____