



OWHA COVID-19 VACCINATION MEDICAL EXEMPTION REQUEST FORM (Page 1 of 2)

I _____ am a Participant of Ontario Women's Hockey Association and request that I be granted a medical exemption from the OWHA Vaccination Policy (2021-22 Hockey Season) requirement to be Fully Vaccinated.

On September 14, 2021, the Ontario Ministry of Health released "Medical Exemptions to COVID-19 Vaccination (Version 1.0)" (the "MOH List") which sets out a short list of conditions which may warrant an exemption from COVID-19 vaccination. The MOH List is intended to assist medical professionals in evaluating requests for medical exemptions from the COVID-19 vaccine. The list of medical exemptions is restricted to severe allergic reactions or anaphylaxis to a component of a COVID-19 vaccine, a reaction to a dose of the vaccine, a history of inflammation of the heart muscle (Myocarditis) for those aged 12 to 17, a history of four conditions specific to those receiving the Vaxzervia (AstraZeneca) vaccine, and those actively receiving two specific types of therapies for the treatment or prevention of COVID-19.

All medical exemptions must be in the form of a written document, completed and supplied by a physician (designated as "MD") or by a registered nurse in the extended class (designated as "Registered Nurse (Extended Class)", "RN(EC)", "Nurse Practitioner" or "NP") stating that the individual is exempt for a medical reason from being fully vaccinated against COVID-19 and the effective time-period for the medical reason.

I understand and agree if granted accommodations from the OWHA Vaccination Policy that I, at my own cost and expense, may be required to do any or all of the following:

- a) produce a negative PCR COVID-19 Test taken before the Participant may participate in Sanctioned Activities, produce a negative PCR COVID-19 Test as applicable and as requested during the season to be submitted to OWHA [DAYS OF SUBMISSION TBD];
- b) wear a face covering or non-medical mask at all times including all team on and off-ice activities;
- c) provide their own transportation to and from all sanctioned activities and are not permitted to travel on any team transportation; i.e. team bus, car pooling, ride sharing;
- d) provide their own accommodations on all team out of town games at their own expense;
- e) must remain physically distant from others in the arena, sports, training or club facility; and
- f) must self-quarantine for 14 days after High-Risk exposure to COVID-19.

I also understand that each Facility is governed by federal, provincial, municipal and public health legislation, regulations, by-laws, instructions, recommendations, guidance and other requirements. Each Facility may have its own rules or policies outside of the scope of the OWHA Vaccination Policy which rules and policies must be adhered to at all times.

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Participant's Name (please print)

Date of Birth (MM/DD/YYYY)

Participant's Signature

Date (MM/DD/YYYY)

Participant's Team

Participant's Team Number, Division & Category

Participant's Parent/Guardian's
Name (If Participant is Under the
age of 18)

Participant's Parent/Guardian's
Signature
(Participant's signature if over the age of
18)

Please submit the completed request form together with the medical exemption (in the form of a written document , completed and supplied by a physician (designated as "MD") or by a registered nurse in the extended class (designated as "Registered Nurse (Extended Class)", "RN(EC)", "Nurse Practitioner" or "NP") stating that the individual is exempt for a medical reason from being fully vaccinated against COVID-19 and the effective time-period for the medical reason) to:

(i) the person designated by the relevant OWHa Member Association/ Team (the "**Designated Individual**"). If the Participant is not aware of who the Designated Individual for the relevant OWHa Member Association/Team is, the Participant should email the Privacy Officer at the OWHa at privacyofficer@owha.on.ca to obtain that information;

AND TO:

(ii) the Privacy Officer at the OWHa:

(A) by mail to Privacy Officer, Ontario Women's Hockey Association,
225 Watline Avenue Mississauga, Ontario, L4Z 1P3;

or

(B) by email to privacyofficer@owha.on.ca

OWHA will forward this form to the appropriate third-party advisor for determination on approval of the exemption and OWHa will notify both the Participant and the Designated Individual within the OWHa Member Association/Team of the determination.