

INSTRUCTIONS FOR SUPERVISOR

- Submit an [AskMyHR](#) (IDIR restricted) service request regarding employees who indicate intent to submit an accommodation request
Use the categories: My Team or Organization > COVID-19 > Vaccine Exemption Accommodation Requests
- Employees may request an accommodation related to the [BC Public Service COVID-19 vaccination policy](#) at any time
- Accommodations will be considered on the basis of the [Human Rights Code](#)
- Accommodation requests based on preference or personal choice will not be considered
- Provide the employee with copy of this form for completion by their physician
- Scan and add the completed form to the **original AskMyHR service request**. Do not submit a new request

INSTRUCTIONS FOR EMPLOYEE

- Please print this form and take it to your physician for completion. This will allow the Employer to assess your request for medical exemption to be fully vaccinated for COVID-19 by November 22, 2021
- Please note that by presenting this form to your physician you are providing consent to release the information to the Employer
- Employees will be reimbursed by their work unit or ministry for 50 percent of the cost of having the form completed by a physician
- Please return the completed form to your supervisor
- If you have any questions, please contact your supervisor

SECTION 1: employee's information

Last name

Employee ID

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First name

Middle initial(s)

Date of birth (yyyy/mm/dd)

Mailing address (apartment number, street address or post office box number)

City/Town

Province

Postal code

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Telephone

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Ministry

E-mail

INSTRUCTIONS FOR PHYSICIAN

All BC Public Service employees were notified on October 5, 2021 of the requirement to provide proof they are fully vaccinated by November 22, 2021.

Your patient and I discussed the requirement for all employee's to be fully vaccinated for COVID-19 and they have advised they have a medical reason preventing them from meeting this requirement.

As such, we are seeking a current objective medical assessment regarding your patient's circumstances.

Your patient is accountable for seeking a response to these questions and for granting you their consent to do so.

The Employer will reimburse your patient 50% of the cost of completion of this form upon production of a paid receipt.

Please respond to the questions in SECTION 3 with objective medical information.

As part of your assessment, the Employer asks that you review:

- BC Centre for Disease Control Vaccine Consideration web page
<http://www.bccdc.ca/health-info/diseases-conditions/covid-19/covid-19-vaccine/vaccine-considerations>
- The College of Physicians and Surgeons of British Columbia's guidance on verifying a legitimate COVID-19 vaccine exemption or deferral
<https://www.cpsbc.ca/news/how-verify-legitimate-covid-19-vaccine-exemption-or-deferral>

Thank you for the time you take to respond to the questions and for your promptness in returning this form.

SECTION 2: physician's information

Physician's name

Practitioner number

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Office address

City/Town

Province

Postal code

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Telephone

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E-mail

SECTION 3: physician's assessment and statement

QUESTION 1

Does your patient have a medical condition that impacts their ability to be fully vaccinated for COVID-19 (SARS-CoV-2)?

yes no

QUESTION 2

Does the medical contraindication to vaccination, or deferral, comply with the Provincial Health Officer (PHO) and College of Physician and Surgeons of British Columbia (CPSBC) guidance?

yes no

Contraindication

History of anaphylactic reaction to components of both mRNA and adenovirus vector vaccine (i.e., polyethylene glycol and polysorbate 80).

Deferral

Receipt of anti SARS-CoV-2 monoclonal antibodies or convalescent plasma for treatment or prevention of COVID-19 (except tocilizumab or sarilumab)

defer for at least
90 days

Diagnosis of Multisystem Inflammatory Syndrome

defer until fully recovered
from illness and for 90 days
after the date of diagnosis

Physician-diagnosed myocarditis or pericarditis following the first dose with no other cause identified.
This event is reportable to the medical health officer (MHO).

defer until information about
the risk of recurrence is
available

Suspected hypersensitivity or non-anaphylactic allergy to COVID-19 vaccine components

consultations with an allergist
is advised

Serious adverse event following first dose of vaccine

awaiting recommendation for
further vaccination by the
MHO

QUESTION 3

Please indicate any other medical limitations and restrictions that prevent your patient from getting fully vaccinated for COVID-19.

Limitations and restrictions are:

temporary permanent reoccurring

Date the patient will be reassessed:

QUESTION 4

If vaccination is deferred, what date will the deferral period be completed?

QUESTION 5

Is your patient fully participating in all necessary activities and treatment to manage their condition(s) to become fully vaccinated?

yes no

QUESTION 6

What is the prognosis for your patient's ability to become fully vaccinated?

I attest that proceeding with COVID-19 immunization for this individual would seriously jeopardize their health.

Physician's signature

Date

Freedom of Information and Protection of Privacy Act (FOIPPA)

This information is collected by the British Columbia Public Service in accordance with section 26(c) of FOIPPA and will be used to assess your accommodation request. Any questions about the collection and the use of this information can be directed to an HR Service Representative at the BC Public Service Agency by submitting a request to AskMyHR using the categories My Team/Organization > Employee & Labour Relations > Other Issues & Inquiries, by phoning: 1-877-277-0772 or by writing to: Manager, Contact Centre Operations, BC Public Service Agency, 810 Blanshard Street, Victoria, BC V8W 2H2.

We acknowledge, with respect, that the BC Public Service operates throughout British Columbia on the traditional lands of Indigenous peoples and we are deeply committed to true and lasting reconciliation.