



# Coronavirus COVID-19

BC Centre for Disease Control | BC Ministry of Health



## Form for Reconsideration (Exemption) Process for the Public affected by the Provincial Health Officer Proof of Vaccination Orders<sup>1</sup>

November 12, 2021

### Step One: Contact Information and Acknowledgement of Process

Name: \_\_\_\_\_

Email address: \_\_\_\_\_

By submitting this request, I acknowledge the following (check each box to confirm acknowledgement):

- The Provincial Health Officer is only considering exemptions on a medical basis.
- Submitting an exemption request does not guarantee that I will receive an exemption.
- Exemptions will generally only be considered for **one** type of activity or event, or recurring activities or events, per request.
- I have read and understand the [Public Guidelines for Request for Reconsideration \(Exemption\) Process](#) to apply for a medical deferral exemption.

### Step Two: Describe the Activity or Event

Type of discretionary activity:

<sup>1</sup> *Gatherings and Events Order and Food and Liquor Serving Premises Order*



Date of activity or event: \_\_\_\_\_

City of activity or event: \_\_\_\_\_

Estimated number of participants at activity or event:  
\_\_\_\_\_

Participants will be wearing masks:  YES       NO

The activity or event is recurring (e.g., an indoor fitness class):  YES    NO

If yes, explain how often the activity or event recurs (e.g., weekly):  
\_\_\_\_\_

Explain how you are negatively impacted by not being permitted to participate in the activity or event in person?

Explain why alternatives to attending this activity or event in person are not sufficient:

Explain why you wish to attend this activity or event in person:



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## Step Three: Supporting Documentation

Your request will not be assessed unless it is accompanied with

Select **one**:

- I have been informed by a medical health officer that I should not receive additional doses of a COVID-19 vaccine at this time due to an adverse event following immunization and I am submitting a copy of the letter from the medical health officer. If I do not have a copy, I consent for the BC Centre for Disease Control to search for and share such a letter with the Office of the Provincial Health Officer.
- I am submitting a completed [COVID-19 Vaccine Medical Deferral form](#) that has been filled out by a medical practitioner.

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## Step Four:

**Submit this form and the supporting documentation request by mail, fax or email to:**

Office of the Provincial Health Officer  
PO Box 9648 STN PROV GOVT, Victoria BC V8W 9P4  
Fax: (250) 952-1570  
Email: [PHOExemptions@gov.bc.ca](mailto:PHOExemptions@gov.bc.ca)

Note: The PHO recommends that personal information sent by email using a password protected email, with the password sent by separate email.

