



Medical Reporting: COVID-19 Vaccine Medical Deferral

This form is intended for capturing the results of medical assessments of individuals who have been referred to a physician for follow-up to determine if/how COVID-19 vaccination can proceed.

This form collects information from the assessment to be used as supporting information to determine medical exemptions to Orders of the Provincial Health Officer that require COVID-19 vaccination for employment and/or access to discretionary activities.

This form can only be completed by a physician (M.D.).

Table with 3 columns: Patient Name (last, middle, first name), Personal Health Number (PHN), Date of assessment (DD /MM/YY)

SELECT ONE:

Is temporary deferral of COVID-19 vaccination recommended:

Yes, defer until specific date (DD/MM/YY) (attach rationale/consult notes)

Is indefinite deferral of COVID-19 vaccination recommended:

Yes, defer indefinitely (attach rationale/consult notes)

Deferral of COVID-19 vaccination is not recommended:

No, do not defer vaccination

Table with 2 columns: Specialist Name, Specialty or Area of Expertise; Clinic / Facility Name, Phone Number; Signature of Health Care Provider

Please submit this form to the Provincial Health Officer at PHOExemptions@gov.bc.ca. It is recommended to send using a password protected email and send the password by separate email. Subject line should read: Request for Reconsideration about Preventive Measures.

Personal information collected on this form is collected under the authority of Order of the Provincial Health Officer Orders and will be used by the Provincial Health Officer to determine exemptions from the Orders. The information will be used and disclosed in accordance with the Freedom of Information and Protection of Privacy Act.