



**Request for MEDICAL ACCOMMODATION regarding
mandatory vaccination for participation in GTHL-sanctioned hockey activities**

To protect the health and safety of participants in its activities, the Greater Toronto Hockey League (“GTHL”) is requiring certain participants to be fully vaccinated against COVID-19 as a condition of participating in GTHL-sanctioned activities. This currently includes all vaccine-eligible players, game officials, GTHL arena personnel, GTHL officials, instructors, organization officials, team officials and volunteers.

Any affected person who is unable to be vaccinated for substantiated medical reasons and/or on grounds protected under the Ontario *Human Rights Code* may request an accommodation. By submitting this form, you acknowledge that you are seeking a medical accommodation to the GTHL’s COVID-19 vaccination requirement.

Complete SECTION 1 of this Form and have your Physician / Nurse Practitioner complete SECTION 2.

Completed forms are to be emailed to: <https://form.jotform.com/212446979470062>

PLEASE READ CAREFULLY:

- Requests for accommodation will be considered upon completion and presentation of this form.
- Individuals with an approved accommodation will be notified in writing using the email address provided by them in the form below
- Decisions will be made in accordance with the GTHL’s Vaccination Policy (see the [GTHL’s Game Plan 2.0](#)). In the event a request is denied, individuals are permitted to reapply if new documentation and/or information becomes available.
- This form only applies to requests for medical accommodation from the GTHL’s COVID-19 vaccination requirement. If you are seeking accommodations for other purposes, you will be required to make a separate application in accordance with existing procedures. If you have a previously-approved accommodation, you must still submit this form if you wish to be considered for a COVID-19 vaccination accommodation.
- Participants under the age of 18 must have their parent or legal guardian sign the declaration on their behalf.



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SECTION 1 – TO BE COMPLETED BY PARTICIPANT

(A) PARTICIPANT’S INFORMATION		
Last Name:	First Name:	
Email address:	Tel:	
Type of participant (e.g. player, game official, team official, etc.):		
(B) PARENT/LEGAL GUARDIAN INFORMATION (FOR INDIVIDUALS UNDER 18 YEARS OF AGE)		
Last Name:	First Name:	
Email address:	Tel:	
<p>By submitting this form, I am requesting that I/my child be exempted from the GTHL’s COVID-19 vaccination requirement based on a medical condition and affirm as follows:</p> <ol style="list-style-type: none"> 1. I understand that the GTHL may approve accommodation measures that require me/my child to follow additional health and safety protocols, including, but not limited to: <ol style="list-style-type: none"> a. regular COVID-19 testing and disclosure of test results; and/or b. limited participation in certain programs, activities and events. 2. I understand that should an outbreak occur, the Ontario government and/or the applicable public health authorities may impose additional restrictions or requirements on me/my child for health and safety reasons, which may not apply to fully vaccinated participants. 3. I understand that the GTHL may have the information in this completed form reviewed by applicable medical specialists. 4. I understand that as part of the accommodation process the GTHL may seek additional information from me relating to my/my child’s medical restrictions. 		
<hr/> Signature of individual (or parent/legal guardian for those under 18 years of age)	<hr/> Date	



SECTION 2 – TO BE COMPLETED BY PHYSICIAN OR NURSE PRACTITIONER

Declaration of Physician or Registered Nurse in the Extended Class (Nurse Practitioner)

I certify that, based on my examination and/or my knowledge of the medical history of the above-named person, receipt of any COVID-19 vaccine approved by Health Canada is medically contra-indicated and they should be exempted from the requirement for those participating in GTHL-sanctioned activities to be fully vaccinated against COVID-19. I have completed an individual assessment, considered the [Ministry of Health: COVID-19 Vaccination Recommendations for Special Populations](#) and/or the [Canada Public Health Recommendations on the Use of COVID-19 Vaccinations](#) and reviewed risks and benefits with the above-named person.

*Please describe how receipt of any COVID-19 vaccine approved by Health Canada is medically contra-indicated for your patient. **It is not necessary to provide a diagnosis.***

If the medical condition is temporary, please indicate the expected time period for the medical condition:

From: _____ to _____.

Name of Physician or Nurse Practitioner:

Registration/License No.:

Business address and contact information:

Signature of Physician or Nurse Practitioner

Date