

## MAYFAIR CLUBS VACCINATION POLICY REQUEST FOR POLICY EXEMPTION

**Member Information:**

First Name		Last Name:	
Address:			
City:		Postal Code:	
Phone (C):		Member No.:	

Club:	<input type="checkbox"/> Lakeshore <input type="checkbox"/> West <input type="checkbox"/> Parkway <input type="checkbox"/> East
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**Exemption Details:**

1. What is the duration of this Request for Exemption?

Start Date:	mm / dd / yyyy	End Date:	mm / dd / yyyy
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2. Please identify the reason for your Request for Exemption:

Medical  
  Religious  
  Other \_\_\_\_\_

3. Please provide any information relevant to your request:

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4. Please identify the documentation that you're including with this request.

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**Documentation:**
**Medical Exemption:**

In addition to this form, Mayfair Clubs requires the following to assess this request:

- A Doctor's Letter that includes the following:
  - That they have a medical condition to which the COVID vaccine is contraindicated.
  - Indicate if it's a permanent condition or provide a timeline if its temporary condition.
- The medical exemption must be written by a Doctor or Nurse Practitioner licensed in the Province of Ontario, and include their clinic name, phone number and complete address.
- They do not need to disclose the medical condition.

**Religious Exemption:**

In addition to this form, Mayfair Clubs requires the following to assess this request:

- A letter from their religious authority to assess the request, containing:
  - The name of the religious body or organization.
  - A Canadian address with email and phone number.
  - The name and position within the organization of the person issuing or certifying the letter.
  - Confirm that they are a participating member of their congregation and the length of that participation.
  - Confirm that the COVID19 vaccination is against their genuinely held religious beliefs.

**Other Protected Grounds Exemption:**

Per discussion with Club General Manager, please provide the following documentation:

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I understand that I will not have access to the Club until the evaluation process of my Request for Exemption is completed. I also understand that Mayfair may request additional information, deny, or approve my request. If denied, I understand that I will have the option to provide full proof of vaccination and begin to use the Club or cancel my membership.

By signing below, I confirm that the information in this request for exemption is true and accurate. I agree to provide appropriate documentation to substantiate my exemption request. I understand Mayfair will consider this information to be confidential.

**Notice of Collection**

The personal information on this form is collected as per Mayfair Clubs Membership Agreement, the Accessibility for Ontarians with Disabilities Act, 2005, S.O. 2005, Chapter 11, Ontario Regulation 191/11, Integrated Accessibility Standards, s. 28, the Ontario Human Rights Code, R.S.O. 1990, Chapter H. 19. The information is used to assess and respond to requests for accommodation, and to document individualized accommodation plans. Questions about this collection can be directed to Club Manager at [covid19-response@mayfairclubs.com](mailto:covid19-response@mayfairclubs.com).

Member Signature:		Date:	
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