



COVID-19 VACCINATION MEDICAL EXEMPTION FORM

The NWT Snowboard Association will consider requests for exemptions from its stakeholders (including athletes, officials, staff, coaches, parents, and volunteers) on medical grounds in accordance with the NWT Snowboard Association Covid-19 Vaccination Policy & Safety Protocols.

PLEASE READ CAREFULLY

1. Requests for medical exemption will be considered upon submission of this completed form.
2. A medical exemption may be granted upon receipt of required documentation signed and certified by a licensed medical doctor.
3. The duration of the exemption is at the sole discretion of the NWT Snowboard Association.
4. Individuals will be notified of the exemption decision in writing, via the email address provided on this form.
5. Incomplete exemption requests will not be reviewed.
6. All requests will be confidentially reviewed, and decisions will be final and not open to appeal.
7. the NWT Snowboard Association reserves the right to have submitted exemption forms reviewed by applicable medical and/or legal specialists, or third-party administrators.
8. Individuals denied an exemption are permitted to reapply if new documentation and/or information becomes available.
9. Individuals under the age of 18 must have their parent or legal guardian sign the declaration on their behalf.



Section 1: Application

Name (First & Last):	Telephone:
Email Address:	Role in Organization:

Please confirm that you have read the following statements by checking the corresponding boxes:

- I authorize my licensed medical doctor to provide the information requested in this form including my permission to disclose the medical condition for the exemption and, if required, to supply additional information relating to my medical exemption.

- I authorize the medical doctor acting on behalf of the NWT Snowboard Association to review this submission and communicate with my licensed medical practitioner, if required, to supply additional information relating to the reasons for my exemption requirement.

- I authorize the NWT Snowboard Association to refer my request to a third-party administrator, who may act on behalf of the NWT Snowboard Association to undertake the review.

- I certify that the information I have provided is accurate and complete as of the date of this submission. I understand that I may be subject to disciplinary action up to and including termination and/or expulsion from the Organization if any of the information I provide in support of this exemption is found to be false or misleading.

Applicant signature: _____ Date: _____

Section 2: Completed by a Licensed Medical Doctor

The following professionals are licensed to practice may complete this form:

- Medical Doctor

(First & Last Name) _____ is requesting a medical exemption from being vaccinated from COVID-19.

Please explain below, the medical contraindication that prevents the individual named above from being vaccinated against COVID-19.

EXPLANATION:



Section 3: Certification

I certify that (first & last name) _____ supports the request for a medical exemption from the COVID-19 vaccine requirement from the NWT Snowboard Association.

MEDICAL DOCTOR INFORMATION

Name:	Speciality:
License Number:	Date:
Name of Affiliated Health Organization:	Address:
Phone Number:	Email:
Signature:	Date: