

**Request for MEDICAL ACCOMMODATION regarding  
mandatory vaccination for visiting Village Manor restaurants (Madison Avenue Pub, Paupers Pub)**

To protect the health and safety of participants in its activities, Village Manor is requiring all guests to be fully vaccinated against COVID-19 as a condition of visiting its restaurants.

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 Village Manor'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: [manager@madisonavenuepub.com](mailto:manager@madisonavenuepub.com) 48 hours prior to visit.

**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 Village Manor's Vaccination Policy. 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 Village Manor'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.

**Request for MEDICAL ACCOMMODATION regarding  
mandatory vaccination for visiting Village Manor restaurants (Madison Avenue Pub, Paupers Pub)**

**SECTION 1 – TO BE COMPLETED BY GUEST**

<b>(A) GUEST'S INFORMATION</b>	
Last Name:	First Name:
Email address:	Tel:
<p>By submitting this form, I am requesting that I be exempted from Village Manor's COVID-19 vaccination requirement based on a medical condition and affirm as follows:</p> <ol style="list-style-type: none"> <li>1. I understand that Village Manor may approve accommodation measures that require me to follow additional health and safety protocols, including, but not limited to:               <ol style="list-style-type: none"> <li>a. wearing a valid face mask during entire visit, including while sitting at table, with the exception of when eating and drinking</li> <li>b. remain seated at all time except when visiting washroom and paying</li> <li>c. complete contact tracing and active health screening</li> </ol> </li> <li>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 for health and safety reasons, which may not apply to fully vaccinated participants.</li> <li>3. I understand that Village Manor may have the information in this completed form reviewed by applicable medical specialists.</li> <li>4. I understand that as part of the accommodation process Village Manor may seek additional information.</li> </ol>	
<hr/> <b>Signature of individual (or parent/legal guardian for those under 18 years of age)</b>	<hr/> <b>Date</b>

**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 visiting Village Manor restaurants 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**