



Policy Title:

## Mandatory COVID-19 Vaccination Policy

University Classification & Policy Number:  
A-001-21

Approval Body:  
Administration

Responsible Designate:  
The President & Vice-Chancellor is responsible for the development, administration, and review of this Policy.

Established:  
2021

Revised:  
Not applicable

Editorial Revisions:  
Not applicable

Scheduled Review:  
2022

### 1.0 Policy Overview

- 1.01 The University of Winnipeg is committed to maintaining a safe and healthy learning, living, and working environment for the entire UW Community. The University recognizes its responsibility to take a proactive and comprehensive role in following and enforcing public health measures to stop the long term spread of COVID-19.
- 1.02 The University recognizes that vaccination against COVID-19 is the single most effective public health measure to reduce the spread of COVID-19. Its inclusion as one of multiple public health measures (including, where possible, physical distancing, capacity limits, and indoor mask use) is essential to the University's institutional response to the COVID-19 pandemic.
- 1.03 Effective September 7, 2021, the University of Winnipeg will require all those coming to indoor campus spaces to be fully vaccinated or declare that they are either (a) fully vaccinated and will provide proof of same by October 15, 2021; or (b) partially vaccinated and will be fully vaccinated and provide proof of same by October 15, 2021. Subject to Section 4.03, individuals who have not met these criteria will not be permitted to access indoor campus spaces.
- 1.04 Public health guidance pertaining to COVID-19 is likely to continuously evolve and could affect the parameters of this Policy.

### 2.0 Definitions

The following definitions apply to terms as they are used in this Policy:

- 2.01 Protected Characteristics:** refers to characteristics protected under *The Human Rights Code* (Manitoba).
- 2.02 University:** refers to the University of Winnipeg as defined by *The University of Winnipeg Act*.

**2.03 UW Community:** refers to students, employees, anyone holding a University appointment, post-doctoral fellows, visiting scholars, contractors, volunteers, visitors, members of the Board of Regents and Senate, and anyone who resides on University property.

### 3.0 Scope

3.01 This Policy applies to all members of the UW Community and anyone who seeks entry to indoor campus spaces.

### 4.0 Policy Elements

#### 4.01 Principles

4.01.01 The University of Winnipeg is committed to creating a safe and healthy environment for all members of its community. The University recognizes that it is the responsibility of each individual to be responsible for their personal conduct as it relates to and affects the health and wellbeing of the whole community.

4.01.02 All individuals who are on University property or participating in University activities are expected to act in accordance with all institutional policies, act lawfully, and respect the rights, privileges, and safety of others.

4.01.03 All individuals who are subject to this Policy can expect the University to: a) treat them with fairness, dignity, and respect; b) have this Policy and any relevant institutional policy explained to them in plain language; c) provide a fair, transparent, and unbiased process; and d) keep their information private and confidential except in rare instances when disclosure is required by law or for the working of this Policy.

#### 4.02 Privacy

4.02.01 All personal information, including information regarding vaccination status, will be handled in compliance with *The Freedom of Information and Protection of Privacy Act* and *The Personal Health Information Act*, as well as the University's Privacy Policy and Procedures. Specifically, all personal health information will not be shared except for the purposes of verifying vaccination status.

4.02.02 The requirement to report vaccination status is a component of the University's overall approach in response to the global COVID-19 pandemic. The University assumes the responsibility to protect personal health information, keep it confidential and only use it for the purpose for which it was collected.

#### 4.03 Reasonable Accommodation

4.03.01 Any individual who cannot be vaccinated or tested based on medical or other Protected Characteristics recognized by *The Human Rights Code* (Manitoba) can request a reasonable accommodation by completing the University's Medical Exemption Form (Appendix "A") or Request for Accommodation related to Creed/Religion Form (Appendix "B").

4.03.02 Requests by an employee for a reasonable accommodation shall be made in accordance with *The Human Rights Code* (Manitoba) and the Workplace Accommodation Policy.

4.03.03 Requests by a student for a reasonable accommodation shall be made in accordance with *The Human Rights Code* (Manitoba).

4.03.04 Individuals who are unable to be vaccinated on the basis of medical or other Protected Characteristics will be reasonably accommodated in accordance with *The Human Rights Code* (Manitoba) and the Workplace Accommodation Policy (where applicable). Reasonable accommodation may include remote learning or working options or being permitted to access indoor campus spaces following alternative safety measures such as masking and regular COVID-19 testing and proof of negative test results.

#### **4.04 Breach of Policy**

4.04.01 Individuals who are not vaccinated and who do not have an approved accommodation or individuals who refuse to disclose their vaccination status shall not be permitted to access indoor campus spaces.

4.04.02 Students who are not vaccinated or refuse to disclose their vaccination status may pursue available remote learning options.

4.04.03 Employees who are not vaccinated or refuse to disclose their vaccination status may be approved for remote working options, if deemed operationally feasible by their supervisor. Employees who are not approved for remote work may be placed on unpaid leave or their employment may be terminated. Consideration will be given to partial unpaid leave if some components of the employee's position may be performed remotely.

4.04.04 If any individual breaches the provisions of this Policy, they may be subject to barring from indoor campus spaces, disciplinary consequences up to and including dismissal and/or expulsion, or the termination of any contract.

4.04.05 Breach of this Policy may include falsely declaring or representing vaccination status, failing to submit to testing as required, attempting to access or accessing indoor campus spaces contrary to this Policy, providing deliberately false or misleading information in their accommodation request, or failing in any other manner to comply fully with the spirit and intent of this Policy.

4.04.06 Any individual who attempts to access or does access indoor spaces of campus contrary to this Policy, may be subject to the provisions of *The Petty Trespasses Act*.

4.04.07 Any alleged breach of this Policy by a student shall be subject to the Student Non-Academic Misconduct Policy and Procedures.

4.04.08 Any alleged breach of this Policy by an employee shall be subject to the relevant collective agreement or excluded staff policies.

#### **4.05 Scheduled Review**

4.05.01 This Policy will be reviewed in advance of each academic term, at minimum. The University will continuously monitor the situation regarding COVID-19 in Manitoba and globally, and revise, as necessary, the requirements contained within this Policy and the ongoing use of other public health measures.

## **5.0 Relevant Legislation**

- The Human Rights Code (Manitoba)
- The Freedom of Information and Protection of Privacy Act (FIPPA)
- The Personal Health Information Act (PHIA)
- The Petty Trespasses Act (PTA)

## **6.0 Related Policies, Procedures, and Institutional Documents**

- Access to University Buildings and Property Policy
- Privacy Policy and Procedures
- Safety and Health Policy
- Student Non-Academic Misconduct Policy
- Student Academic Accommodation Policy (*in progress*)
- Workplace Accommodation Policy and Procedures

## Appendix A: The University of Winnipeg's Medical Exemption Form



# THE UNIVERSITY OF WINNIPEG

## **COVID-19 VACCINE EXEMPTION FORM**

This form is to provide information to the University to verify a medical exemption or accommodation related to the University's COVID-19 Vaccine Mandate. Submission of this form does not guarantee acceptance of the request or that the reasonable accommodation provided will include campus access.

- INSTRUCTIONS:**
1. Complete Section 1.
  2. Ask your health care professional to complete Section 2.
  3. Return the form:

**For students, please return this form to:**

Accessibility Services  
email: [accessibility@uwinnipeg.ca](mailto:accessibility@uwinnipeg.ca)  
fax: 204-774-3475

**For employees, please return this form to:**

Employee Health and Wellness Specialist  
email: [li.harrison@uwinnipeg.ca](mailto:li.harrison@uwinnipeg.ca)  
fax: 204-774-2935

**SECTION 1 – TO BE COMPLETED BY THE APPLICANT (or parent/guardian if applicant is a minor)**

<b>Name of Applicant:</b>	
<b>Name of Parent/Guardian (if applicable):</b>	
<b>Phone Number:</b>	
<b>Email:</b>	
<b>Student/Staff #:</b>	
<b>How frequently will the applicant be required to attend campus in the upcoming term? (please provide details of current schedule)</b>	

### **INFORMED CONSENT AND AUTHORIZATION**

Completion of all sections of this form is voluntary, and consent may be withdrawn or amended at any time. A withdrawal does not have a retroactive effect. Note: Should you choose not to provide your consent, you will be required to comply with the University of Winnipeg COVID-19 Vaccine Mandate.

**Authorization to my Attending Health Care Professional to Complete This Form:**

By submitting this form, I authorize the attending health care professional named in this form to complete the COVID-19 Vaccine Exemption Form and disclose information concerning myself to Accessibility Services (students) or the Employee Health and Wellness Specialist (employees).

**Contact with my Attending Health Care Professional:**

By signing below, I give consent for the University of Winnipeg (Accessibility Services or Employee Health and Wellness Specialist) to send a request for more information to the service provider who completed this form, if necessary, to clarify information regarding functional limitations or if there are questions related to my application.

Signature of Applicant (or parent/guardian if applicant is a minor)	Date completed (dd/mm/yyyy)
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**SECTION 2 – TO BE COMPLETED BY THE ATTENDING HEALTH CARE PROFESSIONAL**

This form should be completed by an appropriately licensed and trained professional, with knowledge of the applicant’s underlying disability, and the capability to assess the applicant’s ability to receive the COVID-19 vaccine. This may include: Family Physician or Nurse Practitioner.

**BACKGROUND**

The University of Winnipeg has a COVID-19 Vaccine Mandate that requires all students and employees to provide proof of full vaccination to attend campus, effective September 7, 2021.

The University of Winnipeg requires your verification that the above-named applicant (student or employee of the University of Winnipeg) has a medical need to be exempt from the requirement to be fully vaccinated for COVID-19. Exemptions (or other accommodations) may occur only with appropriate documentation provided to the University (Accessibility Services or the Employee Health and Wellness Specialist).

**VERIFICATION OF DISABILITY**

**1. Does the patient have a medical disability-related barrier to complying with the requirement to be fully vaccinated for COVID-19? Exemptions or other accommodations will be considered for individuals with a medical condition(s) recognized by The National Advisory Committee on Immunization (“NACI”) or comparable authority which precludes them from receiving the COVID-19 vaccine.**

- Yes, the patient has a medical condition recognized by the NACI (or comparable authority).
- No, the patient does not have a medical condition recognized by the NACI (or comparable authority).
- Assessor to provide additional details regarding the associated functional limitations:

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**Please Note:**

- The National Advisory Committee on Immunization\* states that their recommendations to receive COVID-19 vaccinations now also apply to individuals who are:
  - Immunocompromised
  - Pregnant or breastfeeding
  - Have an autoimmune condition
- The following are examples of conditions that are not considered for a medical exemption:
  - Severe allergic reactions to foods, oral medications, latex, pets, insects, environmental triggers
  - Fear of needles
  - History of vaccine side effects (without further evidence related to the COVID-19 vaccine)

- General avoidance of vaccines
- A history of COVID-19 infection or positive antibody screen is not a substitute for vaccination.
- Manitoba Shared Health, in its published FAQ, entitled “COVID-19 Vaccination & Health Workers”, updated August 24, 2021, stated:

*Expert opinion was provided, based on existing and evolving evidence and clinical practice, about whether there are patient populations that cannot be immunized for medical reasons. It was determined that medical exemptions are not warranted for the COVID-19 vaccine. There are specific situations, however, where vaccination may be delayed, typically no longer than three months. Please connect with your health care provider for more information.*

**2. Length of Exemption**

- Permanent
- Temporary from (dd/mm/yyyy): \_\_\_\_\_ to \_\_\_\_\_

**3. Optional: Additional information** – Please provide any other information about the applicant’s disability/disabling condition (but not the specific diagnosis) and their functional limitations that the University of Winnipeg should consider:

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**4. My medical opinion is based on:**

\_\_\_ Patient History \_\_\_ Examination \_\_\_ Objective Evidence Confirmed (signs or investigational data)

**I certify that the above-named applicant has a diagnosed medical condition that prevents them from being vaccinated against COVID-19, and that to the best of my knowledge the information provided to me by the applicant is accurate, and I support the request for a medical exemption or an accommodation related to the COVID-19 vaccine requirement.**

**CERTIFICATE OF ATTENDING HEALTH CARE PROFESSIONAL**

Professional’s Name (please print):	Specialty: <input type="checkbox"/> Family Physician <input type="checkbox"/> Nurse Practitioner
Professional’s Signature:	Phone #:
Address/Clinic Name or Affix card here or office stamp:	Fax #:
	Date Completed (dd/mm/yyyy):

For **students**, please return this form to:  
Accessibility Services

email: [accessibility@uwinnipeg.ca](mailto:accessibility@uwinnipeg.ca)  
fax: 204-774-3475

For **employees**, please return this form to:  
Employee Health and Wellness Specialist  
email: [li.harrison@uwinnipeg.ca](mailto:li.harrison@uwinnipeg.ca)  
\* <https://www.canada.ca/en/public-health/services/immunization/national-advisory-committee-on-immunization-naci/recommendations-use-covid-19-vaccines.html#a7.9>

fax: 204-774-2935



## Appendix B: Request for Accommodation Related to Creed/Religion

### COVID-19 VACCINE MANDATE:

#### Request for Accommodation Related to Creed/Religion

To protect the health and safety of our community, the University of Winnipeg (UWinnipeg) has mandated that students and employees obtain an approved COVID-19 vaccination(s) to attend classes or work on campus, use indoor recreation facilities on campus, or to otherwise access indoor campus spaces.

UWinnipeg will consider individual requests for accommodation from students and employees for whom obtaining a COVID-19 vaccine would contravene their creed/ religious beliefs.

#### PLEASE READ CAREFULLY:

- Requests for creed/religious accommodations related to the COVID-19 vaccine will only be considered upon completion and presentation of this form. **Incomplete applications will not be reviewed.**
- A reasonable accommodation may be provided upon receipt of adequate information from the Applicant if it does not represent undue hardship to the University. Please note that the accommodation provided may be through measures other than being granted access to University indoor spaces. **Completion and submission of this form does not guarantee approval of an accommodation.**
- The information provided by the Applicant must be satisfactory, as reasonably determined by UWinnipeg, in order for the University to properly consider the request for accommodation. The University reserves the right to request additional information/documentation/clarification to substantiate the request. Please allow adequate time to consider and respond to your request.
- **Do not come to campus in person unless you have received written confirmation that you are permitted to do so, or you have been vaccinated in accordance with the UWinnipeg vaccine mandate.**
- This creed/religious exemption only applies to requests for accommodation related to UWinnipeg's COVID-19 vaccination policy. If you are seeking other academic or workplace accommodations, please 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 related accommodation.

#### APPLICATION:

First and Last Name: \_\_\_\_\_

Select if you are a: Student \_\_\_\_ Employee \_\_\_\_ Student or Employee Number: \_\_\_\_\_

Student or Employee Email Address: \_\_\_\_\_

Please explain the basis for your creed/religious accommodation request, by answering the questions below with as much detail as possible. Attach another sheet of paper if additional space is required for your answers. Staff from the Human Rights and Diversity Office may contact you for further information if needed.

1. Describe below the religion or belief system that prohibits you from obtaining a COVID-19 vaccine, and how long you have been an adherent to that religion/belief system:

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2. Describe below your particular belief(s) that would be violated by receiving a COVID-19 vaccination, and how receiving a COVID-19 vaccination would violate that belief(s):

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3. Describe below how the particular belief(s) that you described in question 2 is connected to the religion or belief system that you described in question 1:

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4. **OPTIONAL:** Have you taken other vaccines in the past? Yes/No (circle one) How long ago? \_\_\_\_\_

If yes, please explain why you are requesting an accommodation related to the COVID-19 vaccine:

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**Please provide us with documentation in support of your answers to questions 1-3 above. The documentation may include (but is not limited to):**

- a declaration from your religious institution/community leader (priest, pastor, or other faith leader) (Appendix A);
- documentary or other evidence tying the belief to the religion/faith and/or explaining how that belief does not permit you to obtain a COVID-19 vaccine;
- evidence relating to your other current religious practices which demonstrates consistency of the belief.

*By signing below I certify that the information I have provided is accurate and complete as of the date of this request. I understand that I may be subject to disciplinary action up to and including termination of employment or expulsion from UWinnipeg (as applicable) if any of the information I provided in support of this request is false or misleading.*

Date: \_\_\_\_\_

Signature of Applicant (or Parent/Legal Guardian if Applicant is under 18 years of age) electronic accepted

\_\_\_\_\_

Print name of Applicant \_\_\_\_\_

Print name of Parent/Legal Guardian (if applicable) : \_\_\_\_\_

To submit a Creed/Religious Accommodation Request Form, please scan and email a copy of the completed application to **s.belding@uwinnipeg.ca**

*Your personal (health) information is collected under The University of Winnipeg Act for the purpose of processing and recording your exemption request. It is additionally collected in accordance with s.36(1)(b) of The Freedom of Information and Protection of Privacy Act and s.13(1) of The Personal Health Information Act. Questions regarding this collection may be sent to UWinnipeg's Senior Information and Privacy Officer at [da.elves@uwinnipeg.ca](mailto:da.elves@uwinnipeg.ca) or 515 Portage Avenue, Winnipeg, MB R3B2E9. You may also wish to review: <https://www.uwinnipeg.ca/privacy/privacy/privacy-policy.html>.*

**Appendix A - DECLARATION OF RELIGIOUS LEADER**

I, \_\_\_\_\_ (*name of religious leader*) certify that, due to a religious belief and/or creed as described further below, the Applicant requires an accommodation related to the University of Winnipeg COVID-19 vaccine mandate.

**Please describe the religious belief(s) and/or creed(s) that preclude the person from being vaccinated with the COVID-19 vaccine (attach additional sheet as needed)**

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**Please explain how you know the Applicant and their belief(s)**

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**How long have you known the Applicant? Do they attend your religious services, and how often?**

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*By signing below I certify that the information I have provided is accurate and complete as of the date of this Declaration. I understand that the Applicant may be subject to disciplinary action up to and including termination of employment or expulsion from UWinnipeg (as applicable) if any of the information provided in support of their request is false or misleading.*

SIGNATURE OF RELIGIOUS LEADER: \_\_\_\_\_

Date: \_\_\_\_\_ Name of Religious Leader: \_\_\_\_\_

**Business Address:**

Unit Number \_\_\_\_\_ Street Number/Street Name/P.O. Box \_\_\_\_\_

City/Town: \_\_\_\_\_ Province/State/Country: \_\_\_\_\_

Postal Code: \_\_\_\_\_