

Guidance re: valid contraindications and deferrals to COVID-19 vaccination

From: College of Physicians and Surgeons of BC <donotreply@cpsbc.ca>
To: Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>
Sent: September 15, 2021 5:44:34 PM PDT

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Guidance re: valid contraindications and deferrals to COVID-19 vaccination

Dear registrant,

With the BC Vaccine Card becoming operational and the recently announced mandate that all people who work in health authority facilities will have to be fully vaccinated with a COVID-19 vaccine, you may be getting requests from patients for medical notes to be exempted from receiving a vaccine. The following is guidance on how to determine the validity of such requests.

The College's *Medical Certificates and Other Third-party Reports* practice standard contains principles, such as the examples below, on providing medical certificates to patients.

- Statements made must be truthful and based on objective clinical information about the patient and not simply a repetition of the patient's self-diagnosis.
- Medical information must be presented in a clear and factual manner, with opinions that are supported by objective medical evidence.
- Conjecture, speculation and inappropriate advocacy in medical certificates or reports must be avoided.

The College acknowledges that requests from patients for certificates without bona fide medical conditions can lead to challenging clinical encounters. To assist you with these situations, the Provincial Health Officer has recently published [guidance on valid contraindications and deferrals to vaccination](#). There are very few acceptable medical contraindications to the COVID-19 vaccination. It may be helpful to share this guidance with your patients so that they understand what constitutes a legitimate medical condition that warrants a medical certificate.

Registrants are reminded that vaccination is the most effective measure to reduce the risk of COVID-19 in individuals and in our community. You as a trusted practitioner may be able to help patients overcome vaccine hesitancy. Myths continue to go unchallenged, such as i

immunocompromised patients, patients with autoimmune disease or pregnant patients should not be vaccinated. All three conditions put people at higher risk for severe illness with COVID-19, and in these cases, vaccines are not only recommended but prioritized.

It is important to have conversations with eligible patients to educate and encourage them to get fully vaccinated as soon as possible. More information on COVID-19 vaccine can be found on the [BCCDC website](#).

It is a particularly challenging time with civil protests targeting health-care workers who have worked tirelessly for the last 18 months. These protests underscore the important role you have in addressing and correcting the misinformation circulating about COVID-19. Your continued dedication to keeping patients healthy and safe is to be commended. I want to thank you for your professionalism, dedication and public service during the ongoing pandemic.

Sincerely,

Heidi M. Oetter, MD
Registrar and CEO
College of Physicians and Surgeons of British Columbia

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FW: Proof of Vaccination Checking PHO Orders Variance and Exemption Process

From: Henry, Bonnie HLTH:EX
To: Brown, Stephen R HLTH:EX <Stephen.Brown@gov.bc.ca>, van Baarsen, Amanda HLTH:EX <Amanda.vanBaarsen@gov.bc.ca>, MacDonald, Alex HLTH:EX <Alex.MacDonald@gov.bc.ca>, Dix, Adrian HLTH:EX <Adrian.Dix@gov.bc.ca>
Sent: November 12, 2021 11:32:33 AM PST
Attachments: Variance GE and FLSP Orders - November 12 2021 final.pdf, Medical Deferral Form Nov 12.pdf, Public Guidelines for Vaccine Exemptions -November 12 final.pdf, Public Form for Exemption Requests - November 12 final.docx

FYI, this is the process we have developed wrt 'exemptions'
b

*Dr Bonnie Henry
Provincial Health Officer
Office of the PHO
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I gratefully acknowledge that I live and work on the traditional unceded territory of the Lekwungen Peoples, specifically the Songhees and Esquimalt First Nations. Hay'sxw'qu Si'em

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From: Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>
Sent: November 12, 2021 11:30 AM
To: Shepherd, Brent GCPE:EX <Brent.Shepherd@gov.bc.ca>; Thistle-Walker, Carlene HLTH:EX <Carlene.ThistleWalker@gov.bc.ca>; Li, Jessica P HLTH:EX <Jessica.P.Li@gov.bc.ca>; HLTH HECCEXTDOC HLTH:EX <HECC.EXTDOC@gov.bc.ca>
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Subject: Proof of Vaccination Checking PHO Orders Variance and Exemption Process

Good morning.

Please post the attached Variance, Guidelines, Public Form and Medical Deferral Form to the PHO webpage. Something like the following:

- Variance of Gatherings And Events & Food And Liquor Serving Premises Orders To Suspend Reconsideration re Proof of Vaccination – November 12, 2021
 - Public Guidelines for Request for Reconsideration (Exemption) Process – November 12, 2021
 - Public Form for Reconsideration (Exemption) Process – November 12, 2021
 - Medical Deferral Form – November 12, 2021

Of note, the “Public Form” is a Word document, as it is designed for applicants to fill out.

Also – please replace the “Medical Deferral Form – October 8, 2021” that is under the “Hospital and Community” and “Residential Care” orders with this new Medical Deferral form, which updates the email address for exemption requests.

The reason for this Variance is that it clarifies that we are not accepting requests for reconsiderations (exemptions) of the proof of vaccination checking (PoV) parts of the *Gatherings and Events Orders* *Food and Liquor Serving Premises Orders* wrt the orders that have been previously issued, except for considering requests for reconsideration based on medical deferral reasons. We had included this provision in our most recent PHO orders to this effect but there was some uncertainty as to whether that would apply retroactively to the earlier orders, which had broader request for reconsideration provisions. As such this makes it very clear that we are only accepting requests for reconsideration wrt PoV based on medical deferral reasons.

In addition, we have developed guidelines (similar to the health care worker guidelines), and a form that the public can use to make such a request. They are able to use the same medical deferral form as that being used by health care workers.

Thanks.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer
BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1
T 250.952.1701 C^{s.17} F. 250.952. 1713 brian.emerson@gov.bc.ca



ORDER OF THE PROVINCIAL HEALTH OFFICER

(Pursuant to Sections 30, 31, 32, 39 (3) and (6), and 54 (1) (h) and 2, *Public Health Act*, S.B.C. 2008)

VARIANCE OF GATHERINGS AND EVENTS & FOOD AND LIQUOR SERVING PREMISES ORDERS TO SUSPEND RECONSIDERATION re PROOF OF VACCINATION – NOVEMBER 12, 2021

The *Public Health Act* is at:

<http://www.bclaws.ca/civix/content/complete/statreg/08028/?xsl=/templates/browse.xsl>
(excerpts enclosed)

WHEREAS:

- A. On March 17, 2020, I provided notice under section 52 (2) of the *Public Health Act* (the “Act”) that the transmission of the infectious agent SARS-CoV-2, which has caused cases and outbreaks of a serious communicable disease known as COVID-19 among the population of the Province of British Columbia, constitutes a regional event as defined in section 51 of the *Public Health Act* a regional event is an emergency under section 51 of the *Act*;
- B. A person infected with SARS-CoV-2 can infect other people with whom the infected person is in contact;
- C. Vaccination is safe, highly effective, and the single most important preventive measure a person can take to protect themselves, their families, and other persons with whom they come into contact from infection, severe illness and possible death from COVID-19. In particular:
 - a. the vaccines available in British Columbia are highly effective, providing strong protection across all eligible age groups against infection and especially against severe illness;
 - b. most British Columbians have strong and durable protection from SARS-CoV-2 resulting from the extended interval between dose one and dose two that is being utilized in British Columbia;
 - c. a full course of vaccine provides more effective and durable protection against infection and severe illness than natural immunity from prior COVID-19 infection alone, or natural immunity in combination with a single-dose of vaccine; and

- d. a full course of vaccine provides highly effective and durable protection from infection and in particular from severe illness resulting in hospitalization or death from the Delta variant of SARS-CoV-2, with illness being mostly milder in vaccinated people who become infected than in unvaccinated people.
- D. Vaccines, which prevent or reduce the risk of infection with SARS-CoV-2, have been and continue to be readily available in British Columbia and while substantial progress has been made in vaccinating the population of British Columbia 12 years of age and older, a portion of the public remains unvaccinated and there are communities where vaccination rates are low;
 - E. Communities with low vaccination rates have experienced rapid spread of SARS-CoV-2, causing serious illness and increases in hospitalizations and intensive care admissions, primarily in unvaccinated people. By contrast, communities with high vaccination rates have seen corresponding lower transmission, and case rates;
 - F. Unvaccinated people are at a significantly greater risk than vaccinated people of being infected with SARS-CoV-2, and those who are infected, experience significantly higher rates of hospitalization, ICU-level care and invasive mechanical ventilation, complications and death when compared with vaccinated people. Unvaccinated people are also at higher risk of transmitting SARS-CoV-2 to other people, including vaccinated people;
 - G. People who are vaccinated can be infected with SARS-CoV-2, but experience decreased severity of illness than unvaccinated people, especially in younger populations. Vaccinated persons who develop COVID-19 are also generally contagious for shorter periods of time, are less symptomatic, and are less likely to transmit SARS-CoV-2 when compared to unvaccinated infected persons.
 - H. This situation has been exacerbated by the highly transmissible Delta variant of SARS-CoV-2, which is now the dominant variant of SARS-CoV-2 circulating in British Columbia, causing significantly more rapid transmission and increased severity of illness, particularly in younger unvaccinated people. Absent vaccination, British Columbia would be in a far more challenging situation than the fragile balance our current immunization rates have provided, but transmissibility of the Delta variant means that higher vaccination rates than previously expected are now required to maintain this balance, control transmission, reduce case numbers and serious outcomes, and reduce the burden on the healthcare system, particularly hospital and intensive care admissions going forward;
 - I. Preserving the ability of the public health and health care systems to protect and care for the health needs of the population, including providing care for health needs other than COVID-19, is critical. High incidence of transmission and illness in one or more regions have spill-over effects on health care delivery across the Province, including in critical care and surgical services. Our public health and health care systems are currently experiencing severe stress, and are stretched beyond capacity in their efforts to prevent and respond to illness resulting from the transmission of COVID-19 in the population, primarily among unvaccinated people;
 - J. Both the public health and the health care systems are using disproportionate amounts of their resources in their efforts to prevent and respond to the transmission of SARS-CoV2, and to provide care for those who become ill with COVID-19, primarily unvaccinated people who comprise the majority of hospitalizations and ICU admissions;

- K. Unvaccinated people in close contact with other people can promote the transmission of SARS-CoV-2 and increase the number of people who develop COVID-19 and become seriously ill. In particular, social mingling coupled with the consumption of alcohol, which increases risky behavior, is associated with increases in the transmission of SARS-CoV-2, and increases in the number of people who develop COVID-19 and become seriously ill;
- L. While people who have contracted SARS-CoV-2 may develop some natural immunity for a period of time following infection, the strength and duration of that immunity varies depending on a multitude of factors, including severity of infection. The risk of reinfection and hospitalization is significantly higher in people who remained unvaccinated after contracting SARS-CoV-2 than those who were vaccinated post-infection. Vaccination, even after infection, remains an important measure to protect against reinfection by providing a stronger immune response that is known to be effective for a longer period of time and against a wider variety of strains of SARS-CoV-2 that are currently circulating in British Columbia, including the Delta variant;
- M. Programs that require that proof of vaccination be provided in certain settings have been shown to increase vaccination uptake in populations, thereby reducing the public health risk of COVID-19, and accordingly, I have issued public health orders that, among other things, require proof of vaccination in certain settings, which orders include my September 10 and October 25, 2021 *Gatherings and Events Orders* and my September 10, 2021 and October 25 *Food and Liquor Serving Premises Orders* (collectively, the “*Vaccine Card Orders*”);
- N. There are difficulties and risks in accommodating persons who are unvaccinated, and in making, amending and continually reevaluating the ongoing need for the Vaccine Card Orders, I have considered and continue to consider based on the currently available generally accepted scientific evidence whether other measures, such as natural immunity, PCR testing or rapid antigen testing, are as effective as vaccination in reducing the risk of transmission SARS-Co-2 and the severity of illness if infected;
- O. Routine COVID-19 testing of asymptomatic people is not recommended in BC and PCR testing capacity is reserved for people who may be ill with COVID-19 to promote public health case identification, follow up and control measures. Asymptomatic testing increases the likelihood of generating false positive tests, which can unnecessarily consume public health resources in following up false positive tests. Similarly, rapid testing, which is followed up with confirmatory PCR testing for positive tests, is reserved for specific settings in which additional layers of protection are needed to protect people at higher risk of serious outcomes of COVID-19, such as in long-term care and assisted living facilities, or in remote communities where obtaining results of PCR testing may be delayed.
- P. I have reason to believe and do believe that because unvaccinated people continue to be a significant source of viral transmission to other vaccinated and unvaccinated people, and these infections can result in serious illness, hospitalization, intensive care unit admission for care and death, particularly in elder people irrespective of vaccination status:
 - a. the continued presence of clusters and outbreaks of unvaccinated people in the population, particularly in some age groups and some communities where vaccination rates continue to be low, continues to pose a risk to the health of the population, including in particular when people congregate at gatherings and events; and

- b. the presence of unvaccinated persons in food and liquor serving premises with table service, including buffets where table service is provided, cafes, food primary and liquor primary establishments, including pubs, bars, lounges and nightclubs, manufacturing facilities that have tasting rooms with seating and private clubs;

constitutes a health hazard under the *Public Health Act* that, given the current stage of the COVID-19 pandemic in British Columbia, is best addressed through, among other measures, including the *Vaccine Card Orders*;

- Q. I recognize the societal effects, including the hardships, which the measures which I have and continue to put in place to protect the health of the population, including the Vaccine Card Orders, have on many aspects of life, and, with this in mind, continually engage in a process of reconsideration of these measures, based upon the information and evidence available to me, including infection rates, sources of transmission, the presence of clusters and outbreaks, the number of people in hospital and in intensive care, deaths, the emergence of and risks posed by virus variants of concern, vaccine availability, immunization rates, the vulnerability of particular populations and reports from the rest of Canada and other jurisdictions, with a view to balancing the interests of the public, including constitutionally protected interests, in gatherings and events, against the risk of harm to public health created by gatherings and events and unvaccinated persons;
- R. I further recognize that constitutionally-protected interests include the rights and freedoms guaranteed by the *Canadian Charter of Rights and Freedoms*, including specifically freedom of religion and conscience, freedom of thought, belief, opinion and expression, freedom of peaceful assembly and freedom of association. These freedoms, and the other rights protected by the *Charter*, are not, however, absolute and are subject to reasonable limits, prescribed by law as can be demonstrably justified in a free and democratic society. These limits include proportionate, precautionary and evidence-based restrictions to prevent loss of life, serious illness and disruption of our health system and society. When exercising my powers to protect the health of the public from the risks posed by COVID-19, I am aware of my obligation to choose measures that limit the *Charter* rights and freedoms of British Columbians less intrusively, where this is consistent with public health principles.
- S. I have weighed the health interests of participants and staff at the settings covered by the Vaccine Card Orders against the interests of persons who are not vaccinated for reasons other than medical deferral, and taken into account the fact that the proof of vaccination requirements in the Vaccine Card Orders are aimed at discretionary activities or settings for which alternative options for participation are available;
- T. I have considered the importance of protecting the health of participants and staff, the stress under which the public health and health care systems are currently operating, and the impact this is having on the provision of health care to the population, the burden which responding to more clusters and outbreaks of COVID-19 would put on the public health system, the burden which responding to more patients with serious illness would place upon an already overburdened health care system, and the risk inherent in accommodating persons who are not vaccinated;
- U. I am also mindful that the volume of requests for reconsideration of my Orders, and the time and expertise which considering them entails, has become beyond my capacity and that of my office

and team of medical health officers to manage, and is using resources which are better directed at assessing and responding to the protection of the public as a whole;

- V. After taking into consideration all the above, it is my reasonable belief that it is necessary, in the interest of protecting the public health, that I not accept requests to reconsider Parts D and E of the September 10, 2021 and October 25, 2021 *Gatherings and Events* Orders and Parts B and D of the September 10, 2021 and October 25, 2021 *Food and Liquor Serving Premises* Orders, which are directed at limiting the presence of unvaccinated people participating in the discretionary activities or present in the settings that are subject to those Orders, until the level of transmission of infection and incidence of serious disease decreases, and in particular, until the number of hospitalizations, admissions to intensive care units and deaths, and the strain on the public health and health care systems, are significantly reduced;

Accordingly, pursuant to the authority vested in me by sections 54 (1) (h) and section 39 (6), of the *Act*, I have decided not to consider requests for reconsideration by way of variance under section 43 of the *Public Health Act*, other than on the basis of a medical deferral from vaccination, **I hereby Vary my Orders to:**

1. Suspend the reconsideration of Parts D and E of the September 10, 2021 and October 25, 2021 *Gatherings and Events* Orders and Parts B and D of the September 10, 2021 and October 25, 2021 *Food and Liquor Serving Premises* Orders (which are posted at <https://www2.gov.bc.ca/gov/content/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/current-health-topics/covid-19-novel-coronavirus>) including the reconsideration of requests for reconsideration which I have received, but have not as yet considered.
2. This suspension does not apply to a request for reconsideration brought by an individual on the basis of a medical deferral to vaccination made on the basis that the health of the individual would be seriously jeopardized if the individual were to comply with the Orders set out in paragraph 1, and which request complies with the guidelines posted on the Provincial Health Officer's website (<https://www2.gov.bc.ca/gov/content/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/current-health-topics/covid-19-novel-coronavirus>).

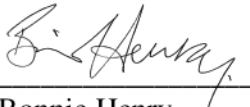
This Variance expires at 12:01 A.M. on January 31, 2022.

Pursuant to section 54 (1) (h) of the *Public Health Act*, and in accordance with the emergency powers set out in Part 5 of the *Public Health Act*, I will not be accepting requests for reconsideration of this Variance.

You may contact me at:

Dr. Bonnie Henry, Provincial Health Officer
s.15; s.19
PO Box 9648 STN PROV GOVT, Victoria BC V8W 9P4
Fax: (250) 952-1570
Email: ProvHlthOffice@gov.bc.ca

DATED THIS: 12th day of November 2021

SIGNED: 
Bonnie Henry
MD, MPH, FRCPC
Provincial Health Officer

DELIVERY BY: Posting to the BC Government the BC Centre for Disease Control websites.

Enclosure: Excerpts of the *Public Health*

ENCLOSURE

Excerpts of the Public Health Act [SBC 2008] c. 28

Definitions

1 In this Act:

"health hazard" means

- (a) a condition, a thing or an activity that
 - (i) endangers, or is likely to endanger, public health, or
 - (ii) interferes, or is likely to interfere, with the suppression of infectious agents or hazardous agents, or
- (b) a prescribed condition, thing or activity, including a prescribed condition, thing or activity that
 - (i) is associated with injury or illness, or
 - (ii) fails to meet a prescribed standard in relation to health, injury or illness;

When orders respecting health hazards and contraventions may be made

30 (1) A health officer may issue an order under this Division only if the health officer reasonably believes that

- (a) a health hazard exists,
- (b) a condition, a thing or an activity presents a significant risk of causing a health hazard,
- (c) a person has contravened a provision of the Act or a regulation made under it, or
- (d) a person has contravened a term or condition of a licence or permit held by the person under this Act.

(2) For greater certainty, subsection (1) (a) to (c) applies even if the person subject to the order is complying with all terms and conditions of a licence, a permit, an approval or another authorization issued under this or any other enactment.

General powers respecting health hazards and contraventions

31 (1) If the circumstances described in section 30 [*when orders respecting health hazards and contraventions may be made*] apply, a health officer may order a person to do anything that the health officer reasonably believes is necessary for any of the following purposes:

- (a) to determine whether a health hazard exists;
- (b) to prevent or stop a health hazard, or mitigate the harm or prevent further harm from a health hazard;
- (c) to bring the person into compliance with the Act or a regulation made under it;
- (d) to bring the person into compliance with a term or condition of a licence or permit held by that person under this Act.

(2) A health officer may issue an order under subsection (1) to any of the following persons:

- (a) a person whose action or omission
 - (i) is causing or has caused a health hazard, or
 - (ii) is not in compliance with the Act or a regulation made under it, or a term or condition of the person's licence or permit;
- (b) a person who has custody or control of a thing, or control of a condition, that
 - (i) is a health hazard or is causing or has caused a health hazard, or
 - (ii) is not in compliance with the Act or a regulation made under it, or a term or condition of the person's licence or permit;
- (c) the owner or occupier of a place where
 - (i) a health hazard is located, or
 - (ii) an activity is occurring that is not in compliance with the Act or a regulation made under it, or a term or condition of the licence or permit of the person doing the activity.

Specific powers respecting health hazards and contraventions

32 (1) An order may be made under this section only

- (a) if the circumstances described in section 30 [*when orders respecting health hazards and contraventions may be made*] apply, and
- (b) for the purposes set out in section 31 (1) [*general powers respecting health hazards and contraventions*].

(2) Without limiting section 31, a health officer may order a person to do one or more of the following:

- (a) have a thing examined, disinfected, decontaminated, altered or destroyed, including
 - (i) by a specified person, or under the supervision or instructions of a specified person,
 - (ii) moving the thing to a specified place, and
 - (iii) taking samples of the thing, or permitting samples of the thing to be taken;
- (b) in respect of a place,
 - (i) leave the place,
 - (ii) not enter the place,
 - (iii) do specific work, including removing or altering things found in the place, and altering or locking the place to restrict or prevent entry to the place,
 - (iv) neither deal with a thing in or on the place nor dispose of a thing from the place, or deal with or dispose of the thing only in accordance with a specified procedure, and
 - (v) if the person has control of the place, assist in evacuating the place or examining persons found in the place, or taking preventive measures in respect of the place or persons found in the place;
- (c) stop operating, or not operate, a thing;
- (d) keep a thing in a specified place or in accordance with a specified procedure;

- (e) prevent persons from accessing a thing;
- (f) not dispose of, alter or destroy a thing, or dispose of, alter or destroy a thing only in accordance with a specified procedure;
- (g) provide to the health officer or a specified person information, records, samples or other matters relevant to a thing's possible infection with an infectious agent or contamination with a hazardous agent, including information respecting persons who may have been exposed to an infectious agent or hazardous agent by the thing;
- (h) wear a type of clothing or personal protective equipment, or change, remove or alter clothing or personal protective equipment, to protect the health and safety of persons;
- (i) use a type of equipment or implement a process, or remove equipment or alter equipment or processes, to protect the health and safety of persons;
- (j) provide evidence of complying with the order, including
 - (i) getting a certificate of compliance from a medical practitioner, nurse practitioner or specified person, and
 - (ii) providing to a health officer any relevant record;
- (k) take a prescribed action.

(3) If a health officer orders a thing to be destroyed, the health officer must give the person having custody or control of the thing reasonable time to request reconsideration and review of the order under sections 43 and 44 unless

- (a) the person consents in writing to the destruction of the thing, or
- (b) Part 5 [*Emergency Powers*] applies.

Contents of orders

39 (3) An order may be made in respect of a class of persons.

(6) A health officer who makes an order may vary the order

- (a) at any time on the health officer's own initiative,

Duty to comply with orders

42 (1) A person named or described in an order made under this Part must comply with the order.

(2) Subsection (1) applies regardless of whether the person leaves the geographic area for which the health officer who made the order is designated.

General emergency powers

54 (1) A health officer may, in an emergency, do one or more of the following:

(h) not reconsider an order under section 43 [*reconsideration of orders*], not review an order under section 44 [*review of orders*] or not reassess an order under section 45 [*mandatory reassessment of orders*];

(2) An order that may be made under this Part may be made in respect of a class of persons or things, and may make different requirements for different persons or things or classes of persons or things or for different geographic areas.

**COVID-19 VACCINE
Medical Deferral**

This form can be completed only by a physician (M.D.) or nurse practitioner

LAST NAME of client	FIRST NAME of client
BIRTHDATE (YYYY/MM/DD)	PERSONAL HEALTH NUMBER

Medical reason(s) for temporary deferral (See overleaf for further information)

<input type="checkbox"/> Anaphylaxis to components of both mRNA and adenovirus vector vaccine (i.e., polyethylene glycol and polysorbate 80)	Refer to a qualified allergist for further management and periodic re-evaluation or consideration for desensitization
<input type="checkbox"/> Receipt of anti SARS-CoV-2 monoclonal antibodies or convalescent plasma for treatment or prevention of COVID-19 (except tocilizumab or sarilumab)	Defer for at least 90 days Expiration/ reassessment date (Month/Day/Year): _____
<input type="checkbox"/> Diagnosis of Multisystem Inflammatory Syndrome	Defer until fully recovered from illness and for 90 days after the date of diagnosis Expiration/ reassessment date (Month/Day/Year): _____
<input type="checkbox"/> Physician-diagnosed myocarditis or pericarditis following the first dose with no other cause identified	Defer until further information about the risk of recurrence is available. This event is reportable to the MHO.
<input type="checkbox"/> Serious adverse event following first dose of vaccine reported to the medical health officer (MHO) and awaiting recommendation for further vaccination by a MHO.	Defer until MHO recommendation is available.
<input type="checkbox"/> Serious adverse event following first dose of vaccine not yet reported to the MHO	Complete and submit a COVID-19 vaccine adverse event report using the form located here.

I, _____, attest that proceeding with COVID-19 immunization for this
Print name of health care provider (first, last)
 individual would seriously jeopardize their health

Signature: _____

Date: _____
Month/Day/ Year

Address: _____

Phone #: _____

For more information refer to the BC Immunization Manual, **Part 4: Biological Products - COVID-19 vaccines:**
<http://www.bccdc.ca/health-professionals/clinical-resources/communicable-disease-control-manual/immunization>

Please submit this form to the Provincial Health Officer at PHOExemptions@gov.bc.ca.

It is recommended to send using a password protected email and send the password by separate email.

Personal information collected on this form is collected under the authority of Order of the Provincial Health Officer Orders and will be used by the Provincial Health Officer to determine exemptions from the Orders. The information will be used and disclosed in accordance with the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection and use of this personal information, contact PHOExemptions@gov.bc.ca, with the subject line with the subject line "Requests for Reconsideration Questions".

November 12, 2021

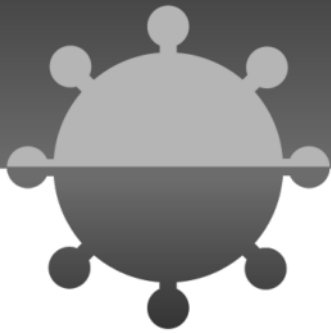
Deferrals to COVID-19 vaccination

For support of exemption requests under the Provincial Health Officer Orders

Vaccine type	Deferral
COVID-19 mRNA vaccines (Pfizer-BioNTech and Moderna) OR COVID-19 viral vector vaccine (AstraZeneca)	Anaphylaxis to components of both mRNA and adenovirus vector vaccine (i.e., polyethylene glycol and polysorbate 80) that has been confirmed by a qualified allergist who offers testing and graded dose administration procedures
	Receipt of anti SARS-CoV-2 monoclonal antibodies or convalescent plasma for treatment or prevention of COVID-19 (except tocilizumab or sarilumab) – <i>defer for at least 90 days</i>
	Diagnosis of Multisystem Inflammatory Syndrome – <i>defer until fully recovered from illness and for 90 days after the date of diagnosis</i>
	Physician-diagnosed myocarditis or pericarditis following the first dose with no other cause identified – <i>defer until further information about the risk of recurrence is available. This event is reportable to the MHO.</i>
	Serious* adverse event following first dose of vaccine awaiting recommendation for further vaccination by the Medical Health Officer
The following are NOT contraindications to COVID-19 vaccination:	
Anaphylaxis to a previous dose of mRNA or adenovirus vector vaccine that has been confirmed by a qualified allergist. Such individuals may receive their 2nd dose using vaccine of a different type or undergo graded dose administration of the original vaccine type under allergist supervision.	
Anaphylaxis to any component of one type of vaccine that has been confirmed by a qualified allergist. Such individuals may receive vaccine of a different type or undergo graded dose administration of the original vaccine type under allergist supervision.	
History of non-anaphylactic reaction or suspected hypersensitivity to a component of the vaccine. Such individuals may receive vaccine of a different type that does not contain the same component, or may be immunized in a clinic prepared to deal with potential hypersensitivity reactions including anaphylaxis. Such patients should be observed for an extended 30 minute monitoring period post vaccination.	
History of thrombosis with thrombocytopenia following a previous dose of an adenovirus vector COVID-19 vaccine. Such individuals may receive mRNA vaccine.	
History of capillary leak syndrome. Such individuals may receive mRNA vaccine.	
History of cerebral venous sinus thrombosis (CVST) with thrombocytopenia, unrelated to adenovirus vector COVID-19 vaccination, or heparin induced thrombocytopenia (HIT). Such individuals may receive mRNA vaccine.	
Immunocompromised and those with autoimmune disorders: such individuals may respond less well to vaccines if immunocompromised but COVID-19 vaccines are not live vaccines and are safe for such individuals.	
Pregnancy: pregnant women benefit from COVID-19 vaccination. The vaccine is not contraindicated for use at any stage of pregnancy or when breastfeeding.	

* Serious AEFI are those that required urgent medical care, resulted in hospitalization, or permanent disability.

Any deferral related to an adverse event following immunization (AEFI) with COVID-19 vaccine must be reported for evaluation through the formal process for public health review and recommendations for subsequent doses.



Coronavirus COVID-19

BC Centre for Disease Control | BC Ministry of Health



Public Guidelines for Request for Reconsideration (Exemption) Process affected by the Provincial Health Officer Proof of Vaccination Orders¹

November 12, 2021

The Provincial Health Officer (PHO) has issued *Gatherings and Events & Food and Liquor Serving Premises Orders* under the *Public Health Act* that require individuals 12 and older to provide proof of vaccination against COVID-19 to access certain INSIDE activities or events. Implementation of these Orders is supported by the Proof of Vaccination and the BC Vaccine Card program.

The purpose of these Orders is to mitigate public health risks associated with transmission and outbreaks of the serious communicable disease known as COVID-19 by preventing and reducing the risk of infection in community settings. These orders are intended to reduce COVID-19 case rates, outbreaks, hospitalizations, critical care admissions, and deaths, protect people who cannot be vaccinated and those whose level of protection may be lowered due to age or immunocompromise, and protect our healthcare system.

For these reasons it is important that people who do not have a medical deferral be vaccinated. For those who are not yet vaccinated, alternatives to these activities or events are available, including taking out meals, exercising outdoors, or participating in an event virtually.

Under section 43 of the *Public Health Act*, a person who is subject to an Order of the Provincial Health Officer can submit a request for reconsideration (exemption) from an Order's requirements.

These guidelines provide some general principles for requests for reconsideration of these Orders. If you would like the PHO to depart from these general principles in considering your request, please explain why. If you have questions about this process, please contact the Office of the Provincial Health Officer at the contact information below, with the subject line "Requests for Reconsideration Question".

Process to submit a request for reconsideration (exemption)

Submitting an exemption request does not guarantee that you will receive an exemption.

¹ *Gatherings and Events Order and Food and Liquor Serving Premises Order*



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If you have fever, a new cough, or are
having difficulty breathing, call 8-1-1.



A request for reconsideration from a person seeking an exemption from the requirement to be vaccinated or to provide proof of vaccination should follow these guidelines and be made on the basis that the health of the person would be seriously jeopardized if the person were to comply with Order.

Exemptions will generally only be considered for one type of activity or event, or recurring activities or events, per request.

To be considered for an exemption, you will likely have had a dose of vaccine and have experienced a serious adverse event or have a pre-existing medical condition the warrants being exempted for a period of time. It is important to note that being exempted from a PHO order requirement is not equivalent to a permanent deferral from vaccination. Some people for whom a vaccination deferral has been recommended may be able get a dose at a later date. If you have been granted an exemption to a PHO vaccination or proof of vaccination requirement, and you do get vaccinated at a later date, you should notify the PHO at the contact information below to update your exemption status.

Conditions that could warrant an exemption ²:

1. Anaphylaxis to components of both mRNA and adenovirus vector vaccine (i.e., polyethylene glycol and polysorbate 80) that has been confirmed by a qualified allergist who offers testing and graded dose administration procedures.
2. Receipt of anti SARS-CoV-2 monoclonal antibodies or convalescent plasma for treatment or prevention of COVID-19 (except tocilizumab or sarilumab).
3. Diagnosis of Multisystem Inflammatory Syndrome.
4. Medical practitioner-diagnosed myocarditis or pericarditis following the first dose of COVID-19 vaccine with no other cause identified.
5. Serious adverse event following first dose of COVID-19 vaccine awaiting recommendation for further vaccination by the medical health officer. Serious adverse events are those that required urgent medical care, resulted in hospitalization, or permanent disability.
6. Serious adverse event following first dose of vaccine not yet reported to the medical health officer.
7. Serious adverse event following a dose of vaccine and recommendation by the medical health officer to not receive further doses.

² Based on expert advice from BC Centre for Disease Control, BC public health officials, and allergy specialists.



To submit a medical exemption request, follow these directions:

For people who experienced a serious adverse reaction to COVID-19 vaccination

1. If you experienced a serious adverse reaction to a dose of vaccine that could warrant an exemption, you should have reported the reaction to the health care provider or representative of the health care organization that gave you the vaccination, and you should have received a recommendation from a medical health officer.

If you did not report the reaction, then the first step is to report that event to your health care provider or representative of the health care organization that gave you the vaccination, who needs to report the reaction to the medical health officer. You should also confirm that your health care provider reported your reaction to the medical health officer and wait for a recommendation from a medical health officer. Your health care provider should complete and submit a COVID-19 vaccine adverse event report using the form located [here](#).

2. If you have received a recommendation from a medical health officer about your reaction, or once you receive a recommendation after the reaction has been reported to a medical health officer, then send that information to the Office of the Provincial Health Officer, as described below.

For people who have a medical condition that warrants consideration of an exemption

1. You need to have a medical practitioner (a registrant of the College of Physicians and Surgeons of British Columbia) or nurse practitioner (a registrant of the British Columbia College of Nurse and Midwives) fill out [the medical deferral form](#) and give it back to you so that you can submit it to the Office of the Provincial Health Officer, as described below.
2. Your request must be accompanied by [the medical deferral form](#) supporting the request

Information to be submitted

You must submit the request package with the subject line **Request for Reconsideration about Proof of Vaccination** and the following information:

1. Your name and contact information
2. The activity(ies) or events you wish to participate in, and the date(s) and city of the activity(ies), estimated number of participants, whether you and other participants will be using a mask.



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**If you have fever, a new cough, or are
having difficulty breathing, call 8-1-1.**



3. How you are negatively impacted by not participating in the activity or event and why alternatives to that activity (e.g., ordering food to take out, attending virtually) are insufficient, and the reasons you seek an exemption to attend in person. This information will provide officials with an understanding of your situation when they review your exemption request and consider whether the risk of infection arising from your participation in an activity or event might be safely managed.
4. If you have been informed by a medical health officer that you should not receive additional doses of a COVID-19 vaccine due to an adverse event following immunization, submit a copy of the letter from the medical health officer indicating that you should not receive additional doses of COVID-19 vaccine.
5. If needed to support an exemption request in relation to a medical condition, the COVID-19 Vaccine Medical Deferral form filled out, signed, and dated by a medical practitioner or nurse practitioner who assessed you.
6. Your preferred method of response i.e. email, mail, fax.

Submit the request by mail, fax or email to:

Office of the Provincial Health Officer
 PO Box 9648 STN PROV GOVT, Victoria BC V8W 9P4
 Fax: (250) 952-1570
 Email: PHOExemptions@gov.bc.ca

Note: The PHO recommends that personal information sent using a password protected email and send the password by separate email.

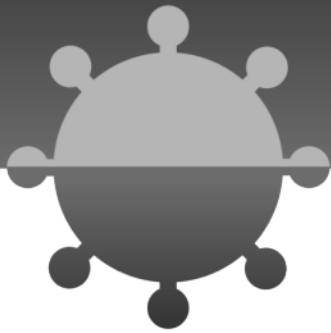
After you submit an exemption request

1. You will be notified of receipt of your exemption request.
2. If your request is incomplete, you will be contacted to provide additional information to continue the review process.
3. Your request may be assessed by the Office of the Provincial Health Officer, and/or it may be referred to the local medical health officer.
4. Once a decision has been made by the Office of the Provincial Health Officer or the local medical health officer you will be notified.



5. If an exemption is granted, you will be notified in writing of the exemption and be provided with written instructions and directions, as appropriate.
6. An exemption may contain instructions or directions about what you must do in order to reduce the risk of infection at an activity or event, you must follow those instructions or directions.
7. If you have been granted an exemption to PHO requirements, and you do get vaccinated at a later date, you should notify the PHO to update your exemption contacting the PHO as above.





Coronavirus COVID-19

BC Centre for Disease Control | BC Ministry of Health



Form for Reconsideration (Exemption) Process for the Public affected by the Provincial Health Officer Proof of Vaccination Orders¹

November 12, 2021

Step One: Contact Information and Acknowledgement of Process

Name: _____

Email address: _____

By submitting this request, I acknowledge the following (check each box to confirm acknowledgement):

- ☐ The Provincial Health Officer is only considering exemptions on a medical basis.
- ☐ Submitting an exemption request does not guarantee that I will receive an exemption.
- ☐ Exemptions will generally only be considered for **one** type of activity or event, or recurring activities or events, per request.
- ☐ I have read and understand the [Public Guidelines for Request for Reconsideration \(Exemption\) Process](#) to apply for a medical deferral exemption.

Step Two: Describe the Activity or Event

Type of discretionary activity:

¹ *Gatherings and Events Order and Food and Liquor Serving Premises Order*



Date of activity or event: _____

City of activity or event: _____

Estimated number of participants at activity or event:

Participants will be wearing masks: ☐ YES ☐ NO

The activity or event is recurring (e.g., an indoor fitness class): ☐ YES ☐ NO

If yes, explain how often the activity or event recurs (e.g., weekly):

Explain how you are negatively impacted by not being permitted to participate in the activity or event in person?

Explain why alternatives to attending this activity or event in person are not sufficient:

Explain why you wish to attend this activity or event in person:



Step Three: Supporting Documentation

Your request will not be assessed unless it is accompanied with

Select **one**:

- ☐ I have been informed by a medical health officer that I should not receive additional doses of a COVID-19 vaccine at this time due to an adverse event following immunization and I am submitting a copy of the letter from the medical health officer. If I do not have a copy, I consent for the BC Centre for Disease Control to search for and share such a letter with the Office of the Provincial Health Officer.
 - ☐ I am submitting a completed [COVID-19 Vaccine Medical Deferral form](#) that has been filled out by a medical practitioner.
-

Step Four:

Submit this form and the supporting documentation request by mail, fax or email to:

Office of the Provincial Health Officer
PO Box 9648 STN PROV GOVT, Victoria BC V8W 9P4
Fax: (250) 952-1570
Email: PHOExemptions@gov.bc.ca

Note: The PHO recommends that personal information sent by email using a password protected email, with the password sent by separate email.

