



ANNEXURE B

APPLICATION FOR EXEMPTION: MEDICAL GROUNDS

(Version 1 – 21 February 2022)

Sol Plaatje University (SPU) makes every effort to ensure the health and safety of its employees, students, stakeholders, and the wider community. The University therefore requires all employees, students and independent contractors to be fully vaccinated against COVID-19, as per the Vice-Chancellor's Directive on COVID-19 Vaccinations (9 December 2021 and 28 January 2022)

All SPU employees, students and independent contractors may apply for an exemption from this Directive on medical grounds. Applications in this regard must be submitted by 28 February 2022.

All requests are pending until applicants receive written notice of a decision by the Vaccination Exemption Committee (VEC). Until the decision by the VEC has been communicated to the applicant, all applicants must comply with the existing institutional COVID-19 protocols until a decision is made. Individuals who are denied an exemption shall have seven (7) calendar days from the date of notification of the decision to appeal directly to the Vice-Chancellor or comply with the decision of the VEC.

SECTION I

Applicant's Name:	Surname:
Date of Birth:	
Position:	
School/Department:	Line Manager:
Staff/Student Number:	
Email:	Mobile Number:

MEDICAL EXEMPTIONS OR DEFERRALS

Employees, students and independent contractors who believe that they have a medical reason that prevents them from receiving the COVID-19 vaccine, should submit their Exemption Application Form to their Line Manager and to Human Resources.

A registered medical practitioner should complete **Section II** and provide you with supporting documentation during your consultation.

All requests will be reviewed by the VEC. The VEC reserves the right to verify the information provided with a registered medical practitioner.

Please mark the appropriate option for your application:

- I am requesting a medical exemption from the COVID-19 vaccination.
- I am requesting a medical deferral from the COVID-19 vaccination.

Select a reason for personal deferral:

- I am currently on sabbatical leave and will not return until _____
(date)
- Other _____

ACKNOWLEDGMENTS AND CONSENTS

I hereby acknowledge that should there be a need for the VEC and/or Human Resources to contact my medical practitioner regarding my stated reasons which prevent me from receiving the COVID-19 vaccination, my medical practitioner will be authorised to disclose my relevant medical information. I further acknowledge that if my request is approved, I will be exempted or deferred from receiving the COVID-19 vaccine, and I will be required to comply with the following provisions:

- a. Be required to always wear a N95 mask or a 3-ply mask (like all other individuals on campus) and/or take whatever additional measures as may be deemed appropriate in the circumstances.
- b. Be required to sanitise and undergo health and safety screening at access points.

Note: Updates to these requirements may be made based on changes to the Government COVID-19 regulations.

I agree to comply with these restrictions and accept the responsibility for compliance with all health and safety requirements that may be required from time to time.

I understand that by signing this form, my name and vaccination status will be shared, to the necessary extent and with those individuals duly authorised and required to have access to this information, to ensure compliance with SPU's health and safety requirements.

I understand and assume the risks of non-vaccination. I understand that the COVID-19 vaccination is required to protect me, my co-employees, SPU students and stakeholders from COVID-19 and its complications, including severe illness and death.

I hereby agree to comply with all safety measures listed above and any other necessary and reasonable safety measures that may be required from time to time.

I acknowledge that I am aware of all current COVID-19 vaccine information and that if my request for an exemption/deferral is not approved, I will be required to comply with the provisions of the Vice-Chancellor's Directive on COVID-19 Vaccinations.

Thus, done and signed at _____ the _____ of _____ 20__.

APPLICANT 'S SIGNATURE

SECTION II: MEDICAL PRACTITIONER TO COMPLETE THIS SECTION

Select the reason for the application for exemption:

- A documented history of severe or immediate-type allergic reaction to any ingredient of all currently available COVID-19 vaccine brands. List vaccine ingredient (s) the patient is allergic to:

Details: _____

- There is a documented history of severe allergy or immediate-type hypersensitivity reaction to a previous COVID-19 vaccination and a separate contraindication to all currently available COVID-19 vaccine brands.

Details: _____

- For the J&J/Pfizer/Any other COV-19 vaccine as approved by the DOH: A history of a specific heparin allergy known as heparin-induced thrombocytopenia (HIT) may be a contraindication or reason to defer the vaccination.

Details: _____

- Other - a medical condition that requires an employee, student or independent contractor not to receive the vaccination or delay receiving the vaccine until a future date.

Details: _____

The following conditions are not considered medical contraindications to the COVID-19 vaccination but for which a deferral of the vaccination to a later date is being requested:

- Medication-induced immunocompromised state, especially when the medication is temporary, and the vaccine is predicted to have better efficacy with a future administration. Ideally, though, the vaccination should be given at least two weeks before initiating such immunosuppressive medications.

Details: _____

- Prior SARS COVID-19 PCR positive test: If they test positive for SARS COVID-19 before their first vaccine or after the first vaccine but before the second vaccine, they should wait 10 (ten) days from the positive test (or 90 days after they received treatment with Monoclonal Antibody Infusion) and be fully recovered before receiving the first or second dose as appropriate.

Details: _____

- Upcoming surgery: If an individual is scheduled for an upcoming surgery, they should consult with the surgeon to determine if their vaccination should be scheduled to a later date.

Details: (including when the individual should get vaccinated):

Note: The following conditions are not considered medical contra-indications to COVID-19 vaccination:

- A history of allergy or anaphylaxis to foods, antibiotics, other oral medications, pets, venom, other environmental allergies, or non-COVID vaccines
- History of latex allergy
- Individuals who do not eat eggs or gelatin
- Family history of adverse vaccine reactions or autoimmune conditions
- Fear of needles or general avoidance of vaccines

Add any supporting documents / data (please include any pertinent laboratory reports or studies, specialist notes, etc.)

Exemption is temporary and the vaccination can be initiated at a future date:

Anticipated duration of temporary exemption: _____

Practice Street Address:	
Postal Code:	
Phone Number:	Email Address:
Field of specialisation:	

Medical Registration Number: _____

I _____

(name), herewith declare that the information provided above is true and correct to the best of my knowledge.

Medical Practitioner's Signature: _____ Date: _____

IMPORTANT

Please attach medical records or a medical certificate indicating the contraindication/s for the patient receiving the COVID-19 vaccine. Please note that the entire medical record is not required. Only the medical certificate of the healthcare provider demonstrating contraindications to the COVID-19 vaccine is required.