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## Accessibility Services – Vaccine Accommodation Request

All vaccine accommodation requests will be evaluated on a case-by-case basis. Supporting documentation may be required.

This document is for accommodation requests related to **Bow Valley College campuses only**. Practicum & clinical agencies/sites/organizations may have other documentation/requirements that need to be completed.

Please note that while your request for accommodation is under review you are not to attend Bow Valley College campuses unvaccinated.

Completed forms should be emailed to [accessibility@bowvalleycollege.ca](mailto:accessibility@bowvalleycollege.ca)

### SECTION 1 – Student Information

<b>Last Name:</b>	
<b>First Name:</b>	
<b>Student ID:</b>	
<b>Program:</b>	
<b>School/Department:</b>	
<b>Phone:</b>	
<b>Email:</b>	
<b>Date of practicum (if applicable):</b>	
<b>Are you currently registered in any in-person classes at Bow Valley College?</b>	<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>

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## SECTION 2 – Request for Vaccine Accommodation

1) Please provide the reason for your vaccination accommodation request (based on protected grounds under the Alberta Human Rights Act)?

2) What accommodation(s) are you requesting?

3) Will you be emailing supporting documentation (e.g medical letter or religious letter) to Accessibility Services to accompany your request?

YES

NO

3b) Expected date supporting documentation will be delivered: \_\_\_\_\_

## SECTION 3 – Student Signature

By signing below, I confirm that I am requesting exemption from the COVID-19 immunization requirement based on protected grounds under the Alberta Human Rights Act.

I acknowledge that this document is for accommodation requests related to **Bow Valley College campuses only**. Practicum & clinical agencies/sites/organizations may have other documentation/requirements that need to be completed

Student Signature: \_\_\_\_\_

Date Signed (day/month/year): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_