

Documentation Medical Exemption:

In addition to this form, Alberta Tennis Centre requires the following to assess this request:

- A Doctor’s Letter that includes the following:
 - That they have a medical condition to which the COVID vaccine is contraindicated.
 - Indicate if it is a permanent condition or provide a timeline if it is a temporary condition.
- The medical exemption must be written by a Doctor or Health Professional licensed in the Province of Alberta, and include their clinic name, phone number and complete address.
- They do not need to disclose the medical condition.

I understand that I will not have access to the Alberta Tennis Centre until the evaluation process of my Request for Exemption is completed. I also understand that Alberta Tennis Centre may request additional information, deny, or approve my request. If denied, I understand that I will have the option to provide full proof of vaccination and begin to use the Alberta Tennis Centre or cancel my membership.

By signing below, I confirm that the information in this request for exemption is true and accurate. I agree to provide appropriate documentation to substantiate my exemption request. I understand Alberta Tennis Centre will consider this information to be confidential.

Member Signature:		Date:	
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ALBERTA TENNIS CENTRE VACCINATION POLICY REQUEST FOR POLICY EXEMPTION

Member Information:

First Name:		Last Name:	
Address:			
City:		Postal Code:	
Phone (C):		Member No.:	

Exemption Details:

1. What is the duration of this Request for Exemption?

Start Date:	mm / dd / yyyy	End Date:	mm / dd / yyyy
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2. Please identify the reason for your Request for Exemption:

Medical Other _____

3. Please provide any information relevant to your request:

4. Please identify the documentation that you are including with this request.
