



Policy title	COVID-19 Vaccination Policy
Approval authority	Board of Directors
Adopted	September 29, 2021

Section 1.01 Preamble

On September 22, 2021, Ontario Regulation [364/ 20: Rules for Areas at Step 3 and at the Roadmap Exit Step](#) came into effect for patrons seeking access to indoor facilities used for sport and recreational fitness activities. These regulations apply to all persons who wish to enter these locations with limited exceptions. This Regulation and the related Ministry of Health [Proof of Vaccination Guidance for Business and Organizations under the Reopening Ontario Act](#) make clear that these documents establish baseline requirements and do not preclude organizations from establishing their own additional policies or requirements.

Requiring eligible Individuals to be vaccinated is an important part of providing a safe sporting environment and is becoming a common practice among sport organizations that provide programs and services to the community. Ontario Artistic Swimming, known in this Policy as “OAS”, has consulted with its Members who overwhelmingly support introduction of requirements with application to all persons involved in artistic swimming in Ontario, creating a level playing field for Athletes and reinforcing the importance our organizations place on health and safety within our sport.

OAS and its Members are responsible at law to take every precaution reasonable in the circumstances to protect the health and safety of participants in its programs, activities, and events. This includes protecting participants from hazards posed by infectious contagious diseases. Requiring eligible Individuals to be vaccinated is part of this duty of care. All other public health measures (e.g., capacity limits, masking, and physical distancing) continue to apply.

Section 1.02 Purpose

The purpose of this policy is to protect the health and safety of Individuals by reducing the risk of exposure to and transmission of COVID-19, an infectious contagious disease, among all persons involved in artistic swimming in Ontario, and to promote health and safety by requiring that all eligible Individuals who are 12 years of age and older be Fully Vaccinated as a condition of participating in Sanctioned Activity.



Section 1.03 Definitions

The following terms have these meanings in this Policy:

- a. "Accepted COVID-19 Vaccine" means a COVID-19 vaccine that has been authorized for use by Health Canada;
- b. "Athlete" means any individual participating in the sport of artistic swimming, for recreational or competitive purposes, who is registered with OAS or an OAS Member;
- c. "CAS" means Canada Artistic Swimming;
- d. "Coach" means an individual certified by the Coaching Association of Canada (CAC) and registered with CAS and OAS as an artistic swimming coach;
- e. "Fully Vaccinated" means individuals who have proof of vaccination and have received all recommended doses of a Health Canada authorized COVID-19 vaccine or a combination of Health Canada authorized vaccines with at least the minimum recommended interval between doses. All vaccines administered outside of Ontario should be verified by public health units to receive vaccination receipts. A person is considered fully vaccinated 14-days after receiving their final dose;
- f. "Including" means including but not limited to;
- g. "Individuals" means any individual that has fulfilled the requirements of registration as required by CAS and OAS as well as all individuals engaged on a volunteer or contractual basis in Sanctioned Activity with OAS or its Members. Individuals includes employees, Athletes, Coaches, Officials, volunteers, parents, Support Personnel, contractors, and suppliers, as applicable;
- h. "Member" means any Competitive, Recreational, Scholastic, University artistic swimming club or AquaGO! or Trillium awards program provider registered with OAS;
- i. "Officials" means all judges including practice judges, referees, and scorers recognized by OAS, CAS, or FINA;
- j. "O. Reg. 364/20" means Ontario regulation 364/ 20: Rules for Areas at Step 3 and at the Roadmap Exit Step;
- k. "Parents" means parents or guardians of a person registered with OAS or an OAS Member;
- l. "Registrant" means any Member or Individual that has fulfilled the registration requirements in the OAS or OAS Member By-laws and has paid any associated registration fees to OAS or the OAS Member;
- m. "Sanctioned Activity" means day-to-day activities of OAS and its Members including training or practices, meetings, workshops, exhibitions, conferences, competitions, trials or selection events, and any other activities or events sanctioned or organized by OAS or OAS Members; and
- n. "Support Personnel" means any person other than a Coach supporting the development of an Athlete at all LTAD stages including fitness trainers, sport science specialists, health care practitioners, and specialists affiliated with or recognized by CAS, OAS, or an OAS Member.

Section 1.04 Application

This policy applies to OAS, its Members, Registrants, and any other Individual engaged in Sanctioned Activity with OAS or its Members.



Any relevant legislation, regulation, or rules that Individuals might be subject to that impose a more stringent COVID-19 vaccination requirement shall take precedence over this Policy. Individuals accessing facilities that have stricter guidelines than set out in this Policy must abide by the permit conditions of use.

Section 1.05 Policy Statement

OAS and its Members require that all Individuals who are 12 years of age and older who are eligible to receive their COVID-19 vaccines must show proof of identification and proof of vaccination as described in O. Reg. 364/ 20 to a designated member of their organization to attend or participate in Sanctioned Activity. Provincially defined medical exemptions apply.

Section 1.06 Youth Aged 12 to 17

OAS and its Members recognize that youth between the ages of 12 and 17 have only recently been eligible to receive their COVID-19 vaccines. To support our youth participants, OAS and its Members will phase in vaccination requirements for this age group. All Individuals aged 12 to 17 are required to be Fully Vaccinated with an Accepted COVID-19 Vaccine within eight (8) weeks of this Policy coming into effect or turning 12 years old.

OAS Members may choose to waive vaccination requirements for Athletes aged 12 to 17 registered in short-term AquaGO! or other recreational programming between September and December 2021. No exceptions will be made for competitive including Regional League Athletes or Athletes registered in full-year recreational programming. From January 1, 2022, forward all youth aged 12 to 17 who are eligible to receive their COVID-19 vaccines must show proof of identification and proof of vaccination in order to attend or participate in Sanctioned Activity.

Youth aged 12 to 17 accessing facilities that have stricter guidelines than set out in this Policy must abide by the permit conditions of use.

Section 1.07 Employees

Unless a medical exemption applies, all OAS and OAS Member employees are required to be Fully Vaccinated with an Accepted COVID-19 Vaccine within eight (8) weeks of this Policy coming into effect. For this limited time, the negative result of a COVID-19 rapid antigen test conducted every 72 hours within a work week or within 24 hours of attending the workplace if away for more than 48 hours may be provided instead of proof of being Fully Vaccinated.

OAS or OAS Member employees who are able to demonstrate a valid medical exemption must participate in rapid antigen testing whenever their job duties require in-person interaction with Individuals that cannot be completed from



remote environment. Employees accessing facilities that have stricter guidelines than set out in this Policy must abide by the permit conditions of use.

New OAS or OAS Member employees are required to show proof of identification and proof of vaccination or a valid medical exemption as a condition of being hired.

Section 1.08 Refusal to Comply

An Individual that refuses to receive their COVID-19 vaccines or show proof of identification and proof of vaccination as described in O. Reg. 364/ 20 to a designated member of their organization is ineligible to participate in Sanctioned Activity. Provincially defined medical exemptions apply.

Section 1.09 Exemptions

The proof of identification and proof of vaccination against COVID-19 requirements do not apply to:

- a. Children under 12 years of age;
- b. Individuals who provide proof of identification and a written document, completed and supplied by a physician (designated as “MD”) or by a registered nurse in the extended class (designated as “Registered Nurse (Extended Class”, “RN(EC)”, Nurse Practitioner, or “NP”) as described in O. Reg. 364/20 and stating that the individual is exempt for a medical reason from being fully vaccinated against COVID-19 and the effective time-period for the medical reason. Please refer to Appendix B for the COVID-19 Vaccination Medical Exemption Form that should be completed by any Individual requesting a medical exemption. The Ontario Ministry of Health has provided guidance on medical exemptions to COVID-19 vaccinations, which is available [here](#).

Section 1.10 Acceptable Documentation

Acceptable documents serving as evidence of proof of identification and proof of vaccination are set out in O. Reg. 364/20 and the related Ministry of Health Proof of Vaccination Guidance, which sets out the process and steps required for confirming vaccination starting on [Page 8](#). Please also refer to Appendix A for additional details.

Section 1.11 Record Keeping

OAS or the OAS Member will designate a member of their organization to maintain a list of Individuals who have provided the required proof of identification and proof of being Fully Vaccinated. This list will include the date on which the required information was reviewed. This list may be provided to other organizations or facilities as needed to facilitate OAS or the OAS Member’s compliance with vaccination requirements. It is recognized that this list contains



personal information and OAS and the OAS Member will act to always ensure that only those organizations or facilities that require the information have access to the list.

OAS or the OAS Member will not retain copies of proof of identification or vaccination.

Section 1.12 Effective Date

This Policy goes into effect on September 30, 2021. The Policy will be revoked when public health guidance no longer recommends a COVID-19 vaccination policy.

Appendix A – Acceptable Documentation

The following is an excerpt from the Ministry of Health [Proof of Vaccination Guidance for Business and Organizations under the Reopening Ontario Act](#) on the vaccine certification process from September 22 to October 22, 2021. The Ontario government is in the process of developing an enhanced digital vaccine certificate with a unique Quick Response (QR) code and accompanying verification application that will allow users to verify their vaccination status securely and safely when scanned. The enhanced digital vaccine certificate and verification application that will allow organizations to read the QR code will be available beginning October 22, 2021.

Process/Steps Required

1. Match the **name** and the **date of birth** of the patron listed on the vaccination receipt against the name and date of birth on a piece of identification.
2. Verify the receipt is either (a) an Ontario receipt issued at the time of vaccination or any format of receipt downloaded from Ontario.ca that shows the holder is fully vaccinated against COVID-19 (b) a receipt signed by an Indigenous Health Provider, or (c) a receipt from another jurisdiction that shows the holder is fully vaccinated against COVID-19.
3. Verify that the receipt shows that the holder is fully vaccinated.
4. Verify that the **date of administration** of the final shot in the series is at least **fourteen days** prior to the date the patron is seeking access to the business or organization.



Ontario Ministry of Health / Ministère de la Santé	
COVID-19 vaccination receipt / Récépissé de vaccination contre la COVID-19	
Identification / Identification	
Name / Nom:	John Q. Citizen
Health card number / Numéro de la carte Santé:	XXXX-XXXX-XXXX-XX
Date of birth / Date de naissance:	2002-12-12
Vaccination / Vaccination	
Date / Date:	2021-07-03, 1:34 pm
Agent / Agent:	COVID-19 mRNA
Product name / Nom du produit:	MODERNA COVID-19 mRNA-1273
Diluent product: / Ne s'applique pas	Not applicable / Ne s'applique pas
Lot / Lot:	
Dosage / Dosage:	0.5ml
Route / Voie:	Intramuscular / Intramusculaire
Site / Site:	Left deltoid / Deltoid gauche
You have received 2 valid dose(s) / Vous avez reçu 2 dose(s) valide(s)	
Vaccine administered by / Vaccin administré par:	
Authorized organization / Organisme agréé:	

Figure 1 Sample Email Receipt

Proving Identity

To be valid, identification must include the individual's name and date of birth. Photo identification is not required.

Examples of the types of identification that are acceptable include:

- Birth certificate
- Citizenship card
- Driver's license
- Government (Ontario or otherwise) issued identification card
- Indian Status Card/ Indigenous Membership Card



- Passport
- Permanent residence card

Using Health Cards as Identification

Individuals may voluntarily offer an Ontario health card for identification purposes, however a person or organization that is not a health information custodian, which includes sports organizations and facilities, must not record or copy the health card number. Individuals also have a right to refuse to provide their health cards. It is an offence under privacy legislation to require the production of a health card or health card number in certain circumstances. Although the Ministry of Health guidance indicates that health cards may be used for proof of identity, the best practice would be to rely on other identification, if at all possible.



Appendix B – COVID-19 Vaccination Medical Exemption Form Template

COVID-19 VACCINATION MEDICAL EXEMPTION FORM

[Insert Name of Club] will consider requests for exemptions from stakeholders on medical grounds in accordance with the Ontario Artistic Swimming (OAS) COVID-19 Vaccination Policy.

PLEASE READ CAREFULLY

1. Requests for medical exemption will be considered upon submission of this completed form
2. A medical exemption may be granted upon receipt of required documentation signed and certified by a licensed medical doctor
3. The duration of the exemption is at the sole discretion of [Insert Name of Club].
4. Individuals will be notified of the exemption decision in writing, via the email address provided on this form.
5. Incomplete exemption requests will not be reviewed
6. All requests will be confidentially reviewed, and decisions will be final and not open to appeal.
7. [Insert Name of Club] reserves the right to have submitted exemption forms reviewed by applicable medical and/or legal specialists, or third-party administrator.
8. Individuals are permitted to reapply if new documentation or information becomes available.



Section 1: Application

Name (First & Last):	Telephone:
Email Address:	Role in Organization:

Please confirm that you have read the following statements by checking the corresponding boxes:

- I authorize my licensed medical doctor (MD), registered nurse in the extended class (RN(EC), or Nurse Practitioner (NP) to provide the information requested in this form including my permission to disclose the medical condition for the exemption and, if required, to supply additional information relating to my medical exemption.

- I authorize the medical doctor acting on behalf of [Insert Name of Club] to review this submission and communicate with my licensed medical practitioner, registered nurse in the extended class (RN(EC), or Nurse Practitioner (NP) if required, to supply additional information relating to my medical condition.

- I authorize [INSERT NAME OF CLUB] to refer my request to a third-party administrator, who may act on behalf of [INSERT NAME OF CLUB] to undertake the review.

- I certify that the information I have provided is accurate and complete as of the date of this submission. I understand that I may be subject to disciplinary action up to and termination if any of the information I provided in support of this exemption is found to be false or misleading.

Section 2: Completed by MD, RN(EC), or NP

The following professionals are licensed to practice may complete this form:

- Medical Doctor (MD)
- Registered nurse in the extended class (RN(EC)
- Nurse Practitioner (NP)

(First & Last Name) _____ is requesting a medical exemption from being vaccinated from COVID-19.



Please explain below, the medical contraindication that prevents the individual named above from being vaccinated against COVID-19.

EXPLANATION:

I certify that (first & last name) _____ support the request for a medical exemption from the COVID-19 vaccine requirement at [INSERT NAME OF CLUB].

MEDICAL DOCTOR INFORMATION

Name:	Speciality:
License Number:	Date:
Name of Affiliated Health Organization:	Address:
Phone Number:	Email:
Signature:	Date: