Memorial Healthcare

2023-2024 Influenza Vaccination Exemption Form For Medical/Religious Contraindication

Name: _____

School: _____

GENERAL INFORMATION

- ☐ Evidence-based medical contraindications against seasonal influenza vaccination confirmed by your primary care physician or sincere religious objection; exemptions will be reviewed by Infection Control and Human Resources. The declination form will be placed in the employee's health file.

- ☐ This Exemption form must be completed and returned Tina Coffman, tcoffman@memorialhealthcare.org

EXEMPTION

- ☐ Memorial Healthcare has recommended that I receive the seasonal influenza vaccination in order to protect myself and the patients I serve.

- ☐ I understand that because I work in a health care environment I may place patients and co-workers at risk if I work while infected with the influenza virus.

- ☐ I understand that since I have a sincere religious objection or evidence-based medical contraindication to the influenza vaccination and that I will be required to wear a mask at all times during a scheduled shift (not during scheduled breaks) when flu activity reaches local, regional and/or widespread levels based on the CDC weekly influenza updates.

Signature: _____   **Date:** _____

Department: _____   **Employee #:** _____

MEDICAL CONTRAINDICATION: TO BE COMPLETED BY PRIMARY CARE PHYSICIAN

I have evaluated _____ and can verify that this employee has a medical contraindication to the influenza vaccination.

This employee has one or more of the following contraindications **(attach physician documentation):**
- € History of Guillain-Barre' Syndrome within six weeks of receiving a dose of influenza vaccine.
- € Severe allergic reaction to previous influenza vaccine

Primary Care Physician (Print): _____   **Date:** _____

Signature: _____   **Office Number:** _____

SINCERE RELIGIOUS OBJECTION: TO BE COMPLETED BY STUDENT

I choose not to receive the influenza vaccination due to my sincere religious objection.

Signature: _____   **Date:** _____

TO BE COMPLETED BY HUMAN RESOURCES & INFECTION CONTROL

Signature: _____   **Signature:** _____

Accepted _____   Declined _____