

Request for Medical Exemption from Influenza Vaccination

As a patient safety and health care personnel safety initiative, St. Luke's University Health Network (SLUHN) is requiring annual influenza vaccination for all health care personnel. This is similar to other vaccinations that the Network requires as a condition of employment.

Medical exemption from influenza vaccination is allowed for selected recognized contraindications. Please refer to the following CDC publication for further information: <http://www.cdc.gov/flu/professionals/acip>

If you feel that your patient meets one of the defined contraindication criteria, please complete the form below. If you have any questions, please contact Employee Health Services. This form must be submitted by AUGUST 30.

Name of Patient: _____ **DOB:** ____/____/____

My patient should not be vaccinated against influenza for the following reason(s):

- Severe allergic reactions to eggs (defined as developing hives, swelling of the lips or tongue or difficulty breathing; does not include gastro-intestinal symptoms). Note: The amount of egg protein in influenza vaccines is extremely small. People who can tolerate eating food prepared with eggs, such as baked goods, can generally tolerate the influenza vaccine.
- History of previous severe allergic reaction to the influenza vaccine or component of the vaccine (defined as developing hives, swelling of the lips or tongue, or difficulty breathing; does not include sore arm, local reaction, or subsequent upper respiratory tract infection).
- History of Guillain-Barre syndrome within six (6) weeks of receiving a previous vaccine.
- Other (please specify): _____
 - This is a Temporary Medical Condition
 - This is a Permanent Medical Condition

I certify that my patient has the above contraindications and request medical exemption from the influenza vaccine. I understand that I could be contacted for additional clarification.

Name of Medical Practitioner (MD/DO/ NP/PA): _____

Practice Name and Address: _____

Practice Phone Number: _____

Signature: _____

Signature stamps are not acceptable

FOR OFFICE USE ONLY

Received by EHS on: _____/_____/_____

Reviewed by EHS on: _____/_____/_____

Approved by: _____

Date: _____/_____/_____

Disapproved by: _____

Date: _____/_____/_____

Person requesting the exemption notified on the following date:

_____/_____/_____