



A Member of Trinity Health

Application for Influenza Vaccination Exemption Form

EMPLOYEE INFORMATION:		
Name:	Employee ID Number:	Date:
Manager Name:	Department:	Department Number:
Non-Employee <input type="checkbox"/> Licensed Independent Practitioner (e.g., Physician) <input type="checkbox"/> Other _____ <input type="checkbox"/> Volunteer		
Instructions: Complete the application and attach requested documents. Submit this form and attachments to Loyola University Medical Center. For Medical exemption - submit to Lorraine Fearon APRN in Employee and Student Health. For Religious exemption - submit to Carolyn Nelson in Human Resources. Otherwise, provide record of Flu vaccine from another provider to your supervisor.		
<p>I am requesting an exemption from the vaccination required by Loyola University Medical Center Influenza Prevention Policy. I have: (a) read the information about the influenza vaccine, (b) had an opportunity to review the Policy, and (c) had an opportunity to ask questions. I understand the benefits and risks of the influenza vaccine. I am aware that I may be required to provide documentation to support my request for an exemption. I understand that my application will be reviewed and must be approved by Loyola University Medical Center. I further understand that if my request is approved, I will not receive the vaccination and that Human Resources, my supervisor, and Loyola University Medical Center's Infection Prevention and Control Department will review whether an accommodation, such as masking, will be required during the flu season to reduce the contraction or transmission of the virus. I understand I may be contacted and I agree to participate in providing necessary information for consideration of my request.</p> <p>My request is based on the following:</p> <ol style="list-style-type: none"> <input type="checkbox"/> Medical: Medical exemptions to immunization are available to those who have medical contraindications, precautions or other medical conditions/disabilities for which a licensed physician certifies that the individual is unable to receive the influenza vaccine. Medical contraindications for immunizations are determined by the most recent Adult Immunization Recommendations of the ACIP, Public Health Services, U.S. Department of Health and Human Services, which is contained in the Centers for Disease Control and Prevention publication, the Morbidity and Mortality Weekly Report. A contraindication is a condition in a recipient that increases the risk for a serious adverse reaction. A precaution is a condition in a recipient that might increase the risk for a serious adverse reaction or that might compromise the ability of the vaccine to produce immunity. Please have your licensed physician complete the certification form and submit it with this application. A second opinion may be required in appropriate circumstances as determined by Loyola University Medical Center. <input type="checkbox"/> Religious: A religious exemption to immunization may be granted as an accommodation based on an individual's sincerely held religious belief, practice or observance. Social, political, or economic philosophies as well as personal preferences do not constitute religiously held beliefs. Please identify your sincere and bona fide religious belief and how the influenza vaccination will violate this belief. <p>You may attach additional written pages to this form in support of your request.</p> <hr/> <hr/> <ol style="list-style-type: none"> <input type="checkbox"/> I already received the flu vaccination from my physician or other health care provider. Please attach documented proof of vaccination by another provider indicating your name; the date and place (name, address, phone number) that you received the immunization; date given; vaccination injection site; name of person administering the vaccine; and lot number. 		
Signature: Employee/Medical Staff Member/Contractor/Volunteer		Date Signed
For Influenza Vaccination Exemption Committee Only <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved: _____ _____		Date Approved