

Influenza Vaccination Exemption Form

Name:

Department:

Title:

Supervisor:

Employee ID # (if known):

Instructions: Complete this form and attach all requested documents to obtain a medical or religious exemption from the vaccination. This can be submitted to Human Resources at HR-WTC@luc.edu.

Please see below for more information.

My request is based on the following:

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 physician provide documentation to you and submit it with this application.

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 and submit it with this exemption form.

Applicant's Signature: