



## 2021-2022 Request for Religious Exemption for Influenza Vaccine

I understand that the Influenza Policy for UofL Physicians requires all team members to receive an annual influenza vaccine on an annual basis in an effort for team members to stay healthy, control the spread of the flu and protect the health and safety of fellow employees, our patients, families and community.

I acknowledge that I have read and understand the following facts:

- Influenza is a serious respiratory disease that kills an average of 36,000 persons and hospitalizes more than 200,000 persons in the United States each year
- If I am infected with influenza, I can shed the virus for 24-48 hours before influenza symptoms appear. My shedding the virus can spread influenza disease to patients, my colleagues and family.
- If I become infected with influenza, even when symptoms are mild or non-existent, I can spread severe illness to others.
- I understand if I remain unvaccinated for an approved religious exemption, I may be required to wear a mask when within 6 feet of a UofL Health patient if there is an epidemic of influenza as determined by the CDC and University of Louisville Infectious Diseases
- Currently due to COVID-19 I am expected to wear a mask, but if guidelines change before the end of flu season I may still be expected to wear a mask.
- I understand my manager/supervisor will be notified of my exemption if in a practice setting in case I am required to wear a mask.
- I understand that I should present documentation from my religious/spiritual leader clearly explaining why the immunization is contrary to my religious beliefs. Additional information can be requested if necessary to adequately evaluate the request.

I have read and fully understand the information on this form. I understand that information must be received in Occupational Medicine within 30 days of request. Request will not be accepted after **November 15, 2021** to be considered for a religious exemption unless approved by Occupational Med. I further understand that failure to submit clear documentation may result in my request for an exemption being denied.

_____	_____	_____
Print Name	Signature	Date
_____	_____	
Title	Department	