UofL Health

2021-2022 Request for Medical 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 a medical reason listed below, 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 Medical Director.
- 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.

Please indicate the medical reason for declination of the influenza vaccine and have your physician sign and date below. All medical exemptions must be submitted by Nov. 15, 202 to Occ. Med. unless otherwise approved by Occ. Med.

_____ Previous severe (anaphylactic) allergy to eggs.

_____ Previous severe (anaphylactic) allergic reaction to an influenza vaccination

_____ History of Guillian-Barre Syndrome within 6 weeks of a previous influenza vaccine

_____ Stem cell/bone marrow transplant within 12 months

_____ _____ _____

Physician Signature Printed Physician Name Date

I have read and fully understand the information on this declination form.

_____ _____ _____

Print Name Signature Date

_____ _____

Title Department