



Patient Label

Influenza Vaccination Religious Exemption Request Form – Part A

Instructions

1. Complete and sign this page.
2. Present Part B to your religious advisor (i.e.: Clergy, Minister, Iman, etc.) to complete or complete it yourself.
3. Return both completed forms to: Infection Prevention, ATTENTION EXEMPTION REQUEST, Dowling Hall Mail Stop 1103 or Fax to 419-383-3124 by November 15, 2017 (23:59).

Name: _____

Date of Birth: _____

Position Title: _____

Department: _____

Rocket ID: _____

The University of Toledo Medical Center (UTMC) is committed to protecting our patients, health care workers, volunteers, medical staff practitioners, students, contracted employees, faculty and the community from influenza. Influenza is a serious respiratory disease that kills an average of 36,000 people and hospitalizes more than 200,000 people in the United States each year. A person who comes in contact with the influenza virus can shed it for 24 to 48 hours before symptoms may appear. This can spread the virus to patients in UTMC facilities, to colleagues, and to family members.

UTMC requires all health care personnel as defined in policy #3364-109-EH-603 *Immunization, Health Care Workers*, to be vaccinated against influenza on an annual basis, unless granted an exemption. This form is used to request a religious exemption.

The University of Toledo Medical Center (UTMC) promotes workforce diversity and an inclusive workplace for all associates as part of its equal employment opportunity commitments. **Religious exemption from influenza vaccination is allowed ONLY if it violates sincerely held religious beliefs.** A supporting statement from your religious advisor will assist us in evaluating this exemption request. Requests will be reviewed on a case-by-case basis, aided by expert input by the Religious Exemption Committee.

Individuals who do not receive a vaccination because they are granted an exemption must follow hospital policy of wearing a surgical face mask during patient care during the designated "Flu Season" as defined and published by the Infection Control Committee (generally December 1 through March 31).

With knowledge of the above, I am requesting a Religious Exemption from the influenza vaccination. I understand that I will have to request this exemption annually.

Signature: _____

Date: _____

Section below is to be completed by Religious Exemption Review Committee

This was reviewed by the Exemption Committee on _____ and determined that
(Date)

☐ Qualifies for exemption.

☐ Does not qualify for exemption.

Further actions to be taken include: _____

The person requesting the Religious Exemption was notified of the results of the review on _____
(Date)

By _____.

Committee Members:



Influenza Vaccination

Religious Exemption Request Form – Part B

To be completed by requestor or the requestor's religious advisor (Clergy, Minister, Iman, etc.)

Associates Name: _____ Date of Birth _____ Rocket ID # _____

The University of Toledo Medical Center (UTMC) is committed to protecting our patients, health care personnel and the community from influenza. Our influenza vaccination safety initiative requires our health care personnel, without sincerely held religious objections or medical contraindications, to receive an annual influenza vaccine. This health care worker is requesting a **religious exemption** from receiving the influenza vaccination. **Religious exemption from influenza vaccination is allowed ONLY if it violates tenets of one's religion.** Your supporting statement will assist us in evaluating this exemption request. Please complete the information below to request religious exemption for the above-named associate. The UTMC Religious Exemption Committee will review requests on a case-by-case basis.

A religious exemption should be granted because:

I certify that influenza vaccination violates the tenets of our/my religion, and request religious exemption from the influenza vaccination for: _____ (print name of person requesting exemption)

Signature _____
(Signature stamps will not be accepted)

Date _____

I (Healthcare Worker) understand that not being vaccinated as a result of an exemption must follow hospital policy of wearing a surgical mask at all times during the designated flu season (defined by the Infection Control Committee, generally December 1 – March 31).

I understand that I may revoke this authorization by notifying Infection Prevention and submitting proof of influenza vaccination.

I understand that I will have to request this exemption annually.

Healthcare Worker Signature _____

Date _____