



Patient Label

## Influenza Vaccination Medical Exemption Request Form – Part A

### Instructions

1. Complete and sign this page.
2. Present Part B to your health care provider to complete the medical information.
3. Return both completed forms to: Infection Prevention Department, ATTENTION EXEMPTION REQUEST, Dowling Hall Mail Stop 1103 or Fax to 419-383-3124 by November 15, 2017 (23:59).

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Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Position Title: \_\_\_\_\_ Department: \_\_\_\_\_

Rocket ID: \_\_\_\_\_

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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 medical exemption. Pursuant to policy #3364-109-EH-603 *Immunization, Health Care Workers*, only the following individuals are entitled to medical exemptions:

1. Individuals with a previous reaction to the influenza vaccine such as hives, difficulty breathing, or swelling of the tongue or lips. This category does not include individuals with mere sensitivity to the vaccine such as an upset stomach or mild to moderate local reactions such as soreness, redness, itching or swelling at the injection site.
2. Individuals with a history of Guillain Barré Syndrome.
  - Healthcare worker may still receive vaccine if they desire, consult with your physician.
3. Individuals with other compelling medical need for an exemption.

**NOTE:** Egg allergy is no longer considered a contraindication for Influenza Vaccination as an egg-free product is available.

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 the designated "Flu Season" as defined and published by the Infection Control Committee (generally December 1 through March 31). Medical Exemption requests are required to be submitted annually.

**With knowledge of the above, I am requesting an exemption from the influenza vaccination for medical reasons.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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***Section below is to be completed by Medical 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 medical exemption was notified of the results of the review on \_\_\_\_\_  
(Date)  
by \_\_\_\_\_

Committee Members:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Influenza Vaccination

### Medical Exemption Request Form – Part B

To be completed by requestor's personal health care provider

Patient 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. Your patient is requesting a medical exemption from receiving the influenza vaccination. Medical exemptions are granted for recognized contraindications.

Guidance for medical contraindications can be obtained from the Center for Disease Control and Prevention publication, Morbidity and Mortality Weekly Report (MMWR) August 25, 2017/66 (2); 1-20, *Prevention and Control of Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices (ACIP) – United States, 2017-18 Influenza Season*. This can be found at the following website, <https://www.cdc.gov/mmwr/volumes/66/rr/rr6602a1.htm>

Please clarify your patient's contraindications to the influenza vaccine:

- ☐ Previous reaction to influenza vaccine (e.g. hives, difficulty breathing, swelling of tongue or lips)
- The above does not include sensitivity to the vaccine such as an upset stomach or mild to moderate local reactions such as soreness, redness, itching, or swelling at the injection site.
  - The above does not include subsequent upper respiratory infection or low-grade or moderate fever following a prior dose of the vaccine.

Description of Reaction: \_\_\_\_\_

Date of Reaction: \_\_\_\_\_

☐ History of Guillain Barré Syndrome

Date Healthcare Worker had GBS: \_\_\_\_\_

☐ Other – (please describe reaction and date):

**NOTE:** Egg allergy is no longer a valid reason to defer influenza vaccination as an egg-free alternative (EX: Flublok) exists.

To a responsible degree of medical certainty, it is my opinion that my patient referenced above has the influenza contraindication as identified.

Provider's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(signature stamps will not be accepted)

Provider's Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_