

Student / Employee Health and Wellness Center
455 Lee Street Suite 300-A
Atlanta, Georgia 30310

INFLUENZA VACCINE EXEMPTION

This form and accompanying documentation MUST be completed by **October 1 to avoid disciplinary action.**

It is MSM's policy that all healthcare employees within our patient care facilities obtain the Influenza vaccination by November 1st of each calendar year or request an exemption from Influenza vaccination by October 1st of each year. In addition, non-employees (students, vendors, volunteers, etc.) must be compliant with this policy prior to assuming any duties that involve direct patient care/ contact. Notwithstanding, persons with fever should not receive this vaccine. Further, persons who have received another type of vaccine within the past fourteen days should see their personal physicians before receiving this vaccine.

- I acknowledge that I have read and been provided the Influenza Vaccine Information and I understand the benefits and risks of the Influenza Vaccine. _____ (Initial)
- I have had a chance to ask questions which were answered to my satisfaction. I understand that I may be at risk of acquiring Influenza. _____ (Initial)
- I have been given the opportunity to be vaccinated, at no charge to myself. However, I decline the Influenza vaccination at this time. _____ (Initial)
- I acknowledge that I am aware that due to my occupation, work location or duties, I may transmit influenza to my patients and other health care workers, as well as to my family and friends, even though I have no symptoms. _____ (Initial)
- I acknowledge that if I become infected with influenza, I can spread influenza to others even when I do not have symptoms. _____ (Initial)

MY REASONS FOR REQUESTING EXEMPTION FROM THE SEASONAL INFLUENZA VACCINE MANDATE (Check One):

- Medical Exemption: A licensed healthcare provider's documentation and signature is required to validate a medical contraindication against seasonal influenza vaccination. (Attachment B – Healthcare Provider Exemption Request)**
- Religious Exemption: A religious organization's documentation and signature before a notary of public stating you hold sincere beliefs in an identified religion does not allow you to receive a seasonal influenza vaccination is required. (Attachment C – Religious Exemption Form)**

I understand that I may be required to wear a surgical mask while in MSM/MHC clinical facilities throughout the flu season (November 1 – March 31), that I may be excluded from certain work areas and specific tasks, and/or that my job duties and responsibilities might otherwise be altered due to patient safety needs and the fact that I have not received a seasonal influenza vaccine.

I hereby release and forever discharge and hold harmless MSM, MSM/MHC, its successors and assigns and all of its affiliates from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which may arise or may hereafter arise from my request for approved exemption from MSM/MHC seasonal influenza vaccine mandate.

I understand that if my request is approved, it is approved for the current influenza season only.

Select: Student/Employee Print Name: _____ Date: _____

Signature: _____ Education: _____ Program/Department: _____

Medical Director/Dean Signature

Compliance Office Representative

Date: _____

Date: _____

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Request for Medical Exemption from Influenza Vaccination

This form MUST be completed by Student/Employee's Licensed Healthcare Provider

Select: Student / Employee Print Name: _____
Date: _____

APPROVED CONTRAINDICATIONS TO THE INFLUENZA VACCINE:

Any person declining the vaccine must have one of the valid contraindications, as listed below.

- History of previous severe allergic reaction to the influenza vaccine or component of the vaccine (defined as developing hives, swelling of the lips or tongue, or difficulty breathing, does not include sore arm, local reaction, or subsequent upper respiratory tract infection).
- A history of Guillain-Barré syndrome within six weeks following a previous dose of influenza vaccine is considered to be a precaution for use of influenza vaccine by the CDC.
- Other _____

I certify that my patient has the above contraindications and request medical exemption from the influenza vaccine. I understand that I could be contacted for additional clarification.

Primary Healthcare Provider Name (Please Print): _____

Primary Healthcare Provider Signature: _____ Date: _____

Specialty: _____

Primary Healthcare Provider Contact Phone Number: _____

Primary Healthcare Provider Contact Address: _____

Attach this form to your INFLUENZA VACCINE DECLINATION form to be considered for a medical exemption. Submit your documentation to Student Employee Health and Wellness.

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REQUESTING STAFF – COMPLETE THIS SECTION

Note: This form is required for all Morehouse Healthcare (MHC) staff who are requesting influenza vaccine declination based upon religious exemption on or after October 1st

This form may **NOT** be used for personal or philosophical reasons.

Name: (first, middle, last) _____	Date of Birth: (Month Day Year) _____	Job Title: _____
Address: _____ _____	Telephone No: _____	Supervisor's Name: _____
		MHC location: <input type="checkbox"/> East Point <input type="checkbox"/> Howell Mill

Exemption requested for: Influenza vaccine

To receive an exemption to Influenza vaccination requirement, the staff member must provide a statement detailing the religious beliefs that prevent the staff member from receiving the Influenza vaccination being requested. **In the space provided below, confirm the Influenza vaccination exemption being requested and state the religious grounds for the exemption request.**

If additional space is needed, attach additional page(s).

Religious Exemption Notice:

No MHC staff member as defined by MSM Vaccination Administration Policy and Procedure, No. 9.10.01 is required to have the Influenza vaccination if contrary to the religious beliefs of the MHC staff member. However, request for religious exemption must be approved and staff with approved religious exemption are **required** to wear a procedure mask (Mask Isolation Hi Filtration) at all times when in Patient Care Areas when flu season is officially declared. Non-compliance with the requirement to wear a procedure mask as outlined in policy 9.10.01 will result in a final written warning, suspension without pay, and loss of MSM Network and Electronic Medical Record access for the first incidence. A second incidence of non-compliance with the requirement to wear a procedure mask as outlined in policy 9.10.01 will result in termination.

I have read the Religious Exemption Notice (above) and have provided the requested information for the Influenza vaccination being requested for religious exemption.

Signature of MHC staff (**required**)

Date

RELIGIOUS ORGANIZATION – COMPLETE THIS SECTION BEFORE NOTARY OF PUBLIC

Based upon _____ **'s, sincerely held beliefs in the religion** _____,
 (name of MHC staff: first, middle, last) (name of religion/faith)

_____, **is prevented from receiving the Influenza vaccination requested because it is contrary to**
 (name of MHC staff: first, middle, last)

_____'s sincerely held beliefs in the religion _____.
 (name of MHC staff: first, middle, last) (name of religion/faith)

Signature of Faith Leader (**signature before notary required**)

Date

Religious Organization's Name, Address, and Phone Number (**required**) _____, (_____) _____

Sworn to and Subscribed before me this _____
 day of _____, 20_____

Notary Public

My commission expires: _____
 (Affix Notarial Seal)

Attach this form to your INFLUENZA VACCINE DECLINATION form to be considered for religious exemption. Submit your documentation to Student / Employee Health and Wellness.

