

**REQUEST FOR MEDICAL EXCEPTION FROM INFLUENZA VACCINATION**

Staff Name: \_\_\_\_\_ ID# \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Physician Name: \_\_\_\_\_ Physician Phone #: \_\_\_\_\_

Dear Physician:

Transitions LifeCare requires an influenza vaccination. This vaccination has been recommended for healthcare workers because they have been shown to be effective in reducing the incidence of influenza. Influenza vaccination has also been recommended in pregnancy by the Centers for Disease Control (CDC) to protect pregnant women (who are at increased risk of severe disease) and to protect the baby after it is born. The above named staff person is requesting an exception from this vaccination requirement. A medical exception from an influenza vaccination is allowed for certain recognized contraindications (<http://www.cdc.gov/vaccines/hcp/vis/vis-statements/flu.html>).

Please complete the form below. Should you have any questions, please contact the Risk Management Coordinator at (919) 719-6726.

The above staff person should not be immunized for influenza for the following reason:

- History of previous severe allergic reaction and documented allergy testing to indicate an immediate hypersensitivity reaction to the influenza vaccine or a component of the vaccine (induces egg allergies).
- History of Guillian-Barre Syndrome within six weeks of receiving a previous vaccine.
- Other – Please provide this information in a separate narrative that describes the exception in detail (these requests will be reviewed on a case-by-case basis).

I certify that \_\_\_\_\_ has the above contraindication and request a medical exception from influenza vaccination.

Physician Name (Please print): \_\_\_\_\_

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