

## Request for **Medical Exemption** 2020-2021 Influenza Vaccine

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**Applications must be submitted no later than November 1, 2020. Applications submitted after this date will not be considered.** You will be notified by email as to whether or not your exemption application has been approved. If you do not have an active email account, you will be contacted at the phone number you provide below.

A licensed physician, physician assistant, or nurse practitioner must complete the medical exemption statement and provide his/her information below. Forms completed by the employee only will not be accepted. **Scan/email this completed form to [flufighter@uabmc.edu](mailto:flufighter@uabmc.edu) or hand deliver to JNWB 108.** Information will be kept confidential.

### **Employee Section – complete the following information (print)**

Name (last, first) \_\_\_\_\_ Blazer ID \_\_\_\_\_

Employer \_\_\_\_\_ Job Title \_\_\_\_\_

Best Phone Number \_\_\_\_\_ Dept/Location \_\_\_\_\_

Email Address \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

I give consent for Employee Health or its physician leaders to contact the provider completing this form if additional information or medical records are required. I understand that should my exemption application be approved and should the prevalence of influenza within the community rise to a concerning level, UAB Medicine senior leadership may institute additional controls to limit the spread. Such controls may include wearing a face mask or work reassignment.

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

Print Name: \_\_\_\_\_

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### **Provider Section**

**Physician/Provider Instructions:** Completing this form verifies that different methods of vaccinating against influenza have been considered, and that the following medical contraindication precludes vaccination for influenza. Guidance for medical exemptions for influenza vaccination can be obtained from the most recent recommendations of the Advisory Committee on Immunization Practices (ACIP), available in the Centers for Disease Control and Prevention publication, Morbidity and Mortality weekly report: [cdc.gov/flu/professionals/acip/index.htm](https://www.cdc.gov/flu/professionals/acip/index.htm).

- **The only CDC contraindication for receiving the flu vaccine is a history of severe allergic reaction to a previous dose of any influenza vaccine or to any component of the currently available vaccine.**
- Since egg-free flu vaccine is available, a history of egg allergy will not be accepted as a routine medical exemption. As with other injectable flu vaccine types, the egg-free option is an FDA-approved, safe, and effective inactivated vaccine. The egg-free vaccine does not use any form of eggs in its production and is approved for persons 18 years of age or older.

***The following are not considered contraindications to influenza vaccination:***

- Minor acute illness (e.g. diarrhea and minor upper respiratory tract illnesses, including otitis media)
- Mild to moderate local reactions and/or low-grade moderate fever following a prior dose of the vaccine
- Sensitivity to a vaccine component (e.g. upset stomach, soreness, redness, itching, swelling at the injection site)
- Current antimicrobial therapy (taking prescription anti-influenza therapy is only a temporary contraindication for the live attenuated influenza vaccine [LAI])
- Disease exposure or convalescence
- Pregnant or breastfeeding
- Pregnant or immunosuppressed person in the household

**Document the patient’s CDC contraindication to receiving the influenza vaccine. If more space is needed, attach additional sheets to this form. Medical record documentation must be attached to this form before submitting for review.**

- History of Guillain-Barré syndrome
- Anaphylactic reaction due to components of flu vaccine

Date and detailed description of reaction checked above with supporting documentation:

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**Signature of Health Care Provider:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Practice Name:** \_\_\_\_\_

**Practice Telephone Number:** \_\_\_\_\_

**OFFICE USE ONLY**

Request is:  Approved  Denied

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

Printed Name: \_\_\_\_\_

**Comments:**

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