

REQUEST FOR MEDICAL EXEMPTION FOR INFLUENZA VACCINATION

Employee Name: _____

Pavilion: _____

Department/Site: _____

Dept. Phone #: _____

Harris Health System (Harris Health) is committed to maximizing vaccination rates against vaccine preventable diseases among our personnel, especially those whose work requires their presence in clinical settings. Our goal is to protect our patients, employees, employees' family members, others affiliated with Harris Health, and the community from vaccine preventable diseases. A medical exemption from vaccination is allowed for certain recognized contraindications (see CDC ACIP: <http://www.immunize.org/catg.d/p3072.pdf>).

Please complete the information below. Should you have any questions, please contact Harris Health Employee Health Services at 713-873-3470 or 713-566-5470.

(This section to be completed by Employee's Health Care Provider):

The above person should not be immunized for the Influenza vaccine for the following reasons (please check all that apply):

<input type="checkbox"/>	History of previous allergic reaction after previous dose of any influenza vaccine or to a component, including eggs.
<input type="checkbox"/>	History of Guillain-Barre Syndrome within six (6) weeks of receiving a previous vaccine.
<input type="checkbox"/>	Other – Please provide this information in and attach a separate narrative that describes the reason in detail (these requests will be reviewed on a case-by-case basis).

Provider's Printed Name:	
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Provider's Signature:		Date:	
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Completed exemption form must be returned to Employee Health Services within thirty (30) days of the vaccine being offered to employees. Employees will be notified within twenty (20) days after receipt of this completed form if the exemption has been approved.

To be completed by EHS:

<input type="checkbox"/>	Approved	<input type="checkbox"/>	Not Approved (Form Incomplete)	
Describe what is incomplete on form?				