



Seasonal Influenza Vaccine Medical Waiver

Student's Name: _____ Campus ID: _____

Are you an Undergraduate Student or Graduate Student (circle one)

I decline the influenza vaccine due to medical reasons.

I attest that the information provided on this waiver is true to the best of my knowledge. I understand that I am obligated to wear a mask according to agency policy while working in a patient care area when there is the presence of influenza in the community as defined by the Public Health Department or by the Hospital Epidemiologist.

Signature: _____ Date: _____

Below Section to be completed by Healthcare Provider

I, _____, certify that the above patient is under my medical care and should be exempt from receiving the influenza vaccination due to medical reason(s) noted below:

Recognized contraindication to influenza vaccination (please mark all that apply and include dates of reaction if known):

- Severe allergic reaction to eggs. Date of reaction: _____
 - Defined as developing hives, swelling of the lips or tongue, difficulty breathing
 - Does not generally result in only gastro-intestinal symptoms
 - The amount of egg protein in influenza vaccines is extremely small. People who can tolerate eating lightly cooked egg, such as a scrambled egg, can generally tolerate the influenza vaccine.
- History of previous severe allergic reaction to the influenza vaccine or component of the vaccine.

Date of reaction: _____

 - Defined as developing hives, swelling of the lips or tongue, difficulty breathing
 - Does not include sore arm, local reaction or subsequent upper respiratory tract infection
- History of Guillan-Barre syndrome within six (6) weeks of receiving a previous vaccine.

Date of reaction: _____
- Other: Please describe in space below. (These requests will be reviewed on a case-by-case basis).

Healthcare Provider Name (please print)

Healthcare Provider Signature

Phone number

Date signed



Seasonal Influenza Vaccine Religious Waiver

Student's Name: _____ Campus ID: _____

Are you (circle one): Undergraduate Student or Graduate Student

I decline the influenza vaccine due to my religious beliefs and convictions.

I attest that the information provided on this waiver is true to the best of my knowledge. I understand that I am obligated to wear a mask according to agency policy while working in a patient care area when there is the presence of influenza in the community as defined by the Public Health Department or by the Hospital Epidemiologist.

Religious Waiver: A religious waiver is allowed only if the influenza vaccination will violate a central belief of your religion. Any such justification would need to be based in religion, not science, and does not include strongly held beliefs regarding secular, cultural or political matters. Please complete the information below to request a religious conviction waiver. Your supporting statement will assist us in evaluation of this waiver request.

I certify that the influenza vaccination violates a central belief in my religion as to what is right or wrong, and request a religious exemption based on the following reason:

Signature: _____ Date: _____