

Medical Exemption – Seasonal Influenza Vaccination

Influenza vaccination is the most effective method of controlling the spread of influenza, and the Advisory Committee on Immunization Practices (ACIP) strongly recommends that all health care workers receive the vaccine. In keeping with our commitment to patient safety and to zero harm, UMass Memorial Health Care requires that all workforce members who work on any UMass Memorial site for at least one day during the influenza season (between October 1 and April 30) regardless of their employment status receive a flu vaccination prescribed for the specified flu season by December 15 each year.

I request a medical exemption from the seasonal influenza vaccination. I understand that this form must be completed by my health care provider and returned to:

Community Healthlink: nszretter@communityhealthlink.org

HealthAlliance-Clinton Hospital: HA-C_EmployeeHealthServices@umassmemorial.org

Marlborough Hospital: medworks@umassmemorial.org

Medical Center/Medical Group: employeeemailbox@umassmemorial.org

(Requests will be reviewed by Employee Health/MedWorks and the Influenza Vaccination Exemption Committee and you will be advised as to whether your exemption is approved.)

Requestor Name: _____ Tel: _____

Unit/Department: _____

Entity: Community Healthlink Corporate (UMMHC) HealthAlliance-Clinton Hospital
 Marlborough Hospital Medical Center Medical Group

I am a(n): Employee Contractor Volunteer Vendor Trainee Medical Staff Member
 Temporary Employee Other (employed/credentialed or under direction and control of UMass Memorial)

Requestor's Signature: _____ Date: _____

THIS SECTION TO BE COMPLETED BY THE REQUESTOR'S HEALTH CARE PROVIDER

I have evaluated _____ and can verify that they have a medical contraindication to the influenza vaccination.

Below exemption reasons are in alignment with the Annual Influenza Guidance issued August 21, 2020, by the Centers for Disease Control and Prevention. Additionally, those with severe egg allergy can receive Flublok, a non-egg derived vaccine.

- Personal history of Guillain-Barre syndrome within six weeks of receiving influenza vaccine
- Severe allergic reaction to a previous influenza vaccine
- Other: Only evidenced-based medical contraindications (please explain):

Health Care Provider Name (print): _____ Date: _____

Health Care Provider Signature: _____ Tel: _____