



2014-15 Influenza (Flu) Vaccine Exemption Form

Employee Name (PRINT CLEARLY):	Department (PRINT CLEARLY):
Email to receive notification (PRINT CLEARLY) _____@_____	UF Health Shands / UF ID number

- Exemption requests will be reviewed on a case-by-case basis by Occupational Health Services. You will be notified via email if additional documentation is needed or if your request for exemption is either approved or denied.
- Failure to submit acceptable medical documentation may result in your request for an exemption being denied.
- Your licensed healthcare provider must complete ALL fields below. Incomplete forms will be rejected for review.
- If your exemption is approved, exemptions must be completed for each flu season. This exemption expires one year from the date of signature of the healthcare provider.**
- The completed Influenza Vaccine Exemption form must be returned to Occupational Health Services by November 15th of each year.** It is the employee's responsibility to submit the **ORIGINAL** completed form.
- Your signature on this form is your attestation that your medical condition is truthful.

Employee Signature:	Today's Date:
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Exemption Due to Medical Contraindications

Healthcare Provider: Please complete all fields below and state medical rationale for exemption from seasonal influenza vaccine.

- Serious reaction (i.e. Guillain-Barre) or anaphylaxis to previous influenza vaccine (provide Physician documentation of reaction)
- Other reasons: Describe the nature, duration, and severity of the medical condition and why it prevents the employee from receiving the influenza vaccine.

Exemptions must be completed for each flu season. This exemption expires once year from the date of signature of the healthcare provider.

Physician Name (Print):		Signature:	
Phone:	Fax:	Date:	
Physician's office Stamp (REQUIRED):		Provider License # (REQUIRED):	

If you have any questions, please contact Trina Girmont, ARNP, COHN-S/CM, Director, Occupational Health Services at girmt@shands.ufl.edu or 352-265-0250.

Return **ORIGINAL** form to: Occupational Health Services, 1600 SW Archer Rd., Box 100337, Gainesville, FL 32610.

OHS use Only:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Date:	Signature
Comments:				