



## Request for Medical Exemption from Universal Influenza Vaccination

Safety is a core value of Connecticut Children's Medical Center. To protect the safety of our patients, coworkers, and community, Connecticut Children's requires that all team members receive an annual influenza immunization. If you believe that you have a medical reason that prevents you from receiving the influenza vaccine you must submit a request for medical exemption from Universal Influenza Vaccination.

The exemption form will be reviewed by a team of healthcare professionals who reserve the right to confirm the information provided with your healthcare provider. By signing this form, you hereby authorize Connecticut Children's to contact your medical provider regarding conditions that prevent you from receiving the influenza vaccination.

If your request is approved, you will be medically exempted from receiving the influenza vaccine. As a result, you may be asked to take alternative infection control measures if appropriate. If your request is not approved, you will be expected to receive the influenza vaccine.

Team Member Signature \_\_\_\_\_

Date \_\_\_\_\_

Team Member Completes this Section (please print clearly)	
First Name	
Last Name	
Street Address	
City / State / Zip Code	
Date of Birth	
Telephone Contact	
Employee ID Number	
Department	
Email Address	

Medical Healthcare Provider Completes this Section (please print)	
Provider's Last Name	
Provider's First Name	
Street Address	
City / State / Zip Code	
Telephone:	
Fax Number:	
Describe the specific medical reason that precludes your patient from receiving the influenza vaccine. Please attach any supporting documentation clearly marked with the staff member's name and date of birth.	
Provider's Signature:	Date: