



UNIVERSITY OF MIAMI
MILLER SCHOOL
of MEDICINE

Influenza Vaccination Medical Exemption Request
for **Employees**

Please note that Employees should submit their application for Medical Exemption through Workday at <http://workday.miami.edu>

Instructions and Information:

The mandatory Influenza (flu) Vaccination Policy reinforces the University's commitment to safety and provides consideration for a MEDICAL exemption to anyone who is unable to receive the vaccine for a verifiable MEDICAL reason. **To complete this application:**

1. Please print the **Healthcare Provider Form below** and provide it to your healthcare provider. Please **request medical records** that support your request for a medical exemption at the time of your visit.
2. Once you have the **completed Healthcare Provider Form** and have the **medical records**, please **log into workday** at <http://workday.miami.edu>.
3. In Workday, please complete the application for a medical exemption and upload the completed **Healthcare Provider Form** with the relevant **medical records**.

Where can I complete my application?

The completed form and all required supporting documentation should be submitted at <http://workday.miami.edu>

My application was denied. How can I appeal?

An individual who is denied a request for a MEDICAL exemption can appeal in writing **within three (3) business days of written denial notification**. The letter of appeal should be submitted to flu@miami.edu

Who do I contact for more information?

Please contact the Employee Health Office at 305-243-3267 or email flu@miami.edu



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Healthcare Provider Form

PLEASE PRINT THIS FORM – TO BE COMPLETED BY YOUR HEALTHCARE PROVIDER

Attention Provider: Please complete below and provide the employee with the relevant progress/visit notes that specifically indicate the contraindication/s for the patient receiving the Flu vaccine. The entire patient chart is not required. **Please note that a history of egg allergy alone will not be accepted as a reason for a medical exemption, as egg free flu vaccines will be available.** Additionally, pregnancy is not considered a contraindication to the flu vaccine (<https://www.acog.org/patient-resources/faqs/pregnancy/the-flu-vaccine-and-pregnancy>).

Patient Last Name _____ First Name _____ DOB: _____

1. Please explain the medical reason/s why this applicant is unable to receive the Influenza Vaccine below.
2. **Please provide the patient with copies of medical records indicating the contraindication/s for the Flu Vaccine. Copies of progress notes, visit notes, etc. demonstrating Flu Vaccine contraindication must accompany this application.**

Please describe the medical contraindication/s why this person should NOT receive the Flu Vaccine:

By my signature below, I hereby certify that the information contained herein is accurate and true to the best of my knowledge.

Signature of Healthcare Provider (*No signature stamp accepted*). _____

_____ Date

PRINTED NAME OF HEALTHCARE PROVIDER: _____

PRACTICE NAME: _____ OFFICE PHONE NUMBER: _____