UHealth UNIVERSITY OF MIAMI HEALTH SYSTEM | UNIVERSITY OF MIAMI MILLER SCHOOL of MEDICINE

Influenza Vaccination Medical Exemption Request Form

Please submit this completed application to flu@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. Please complete this form and **attach medical records** from your healthcare provider showing the medical reasons why you should not receive the flu vaccine. **History of egg allergy alone will not be accepted as a reason for a medical exemption, as egg free flu vaccines will be available.**

WHAT PAPERWORK DO I NEED?

- **This *Influenza Vaccination Request for MEDICAL Exemption form.***
  - You, the employee, should complete Section 1, and take the form to your healthcare provider (MD, NP, or PA).
  - Your healthcare provider should complete Section 2, and provide you with **supporting documentation at the time of your visit.**
- **Supporting documentation:**
  a. The medical exemption strict criteria include history of GBS and anaphylactic type reaction to previous flu vaccine. Medical record/s with documentation must be provided along with your application form. Please retrieve copies of your medical record (progress notes, visit notes, ED notes) to support the information on your application form. Attach documentation (progress notes, visit notes, ED notes) to this application.
  b. **Please note that History of egg allergy alone will not be accepted as a reason for a medical exemption, as egg free flu vaccines are available.**

WHERE DO I SEND MY APPLICATION?

The completed form and all required supporting documentation must be submitted to the Employee Health Office for review at flu@miami.edu

MY APPLICATION WAS DENIED. HOW CAN I APPEAL?

- A health care worker 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?

Questions regarding MEDICAL exemptions should be directed to Dr. Sandra Chen-Walta, ARNP, Employee Health Office at 305-243-3267 or flu@miami.edu

INSTRUCTIONS:
Section 1 to be completed by the employee; Section 2 to be completed by the healthcare provider.

Please note that:

c. Self-completed forms will not be accepted.
d. History of egg allergy alone will not be accepted as a reason for a medical exemption, as egg free flu vaccines are available.

Section 1 (To be completed by the employee)

Name: (Last)	(First)	C# or Workday#
Email:	Personal Phone #	
Department Name:	Job Title or Position:	
Supervisor Name:	SUPERVISOR Phone #	
Work Address:	Building Name:	Room#

Please answer the following questions (enter n/a if not applicable):

1. What was your date or approximate DATE OF HIRE (include the month and year)? _____
2. If you ARE a new hire, were you told that the Flu Vaccine was mandatory for you at the time of hire?_____
3. Did you RECEIVE the Flu Vaccine last year? _____
4. Where did you receive the vaccine last year? _____
5. If you received the Flu Vaccine last year, did you have an untoward reaction? _____
6. Describe the untoward reaction _____
7. If you did NOT receive the Flu Vaccine last year, were you exempted? _____
8. If you were NOT exempted last year, why not? _____
9. Have you ever been PREVIOUSLY exempted from receiving the Flu Vaccine? _____
10. If previously exempted, what was the DATE of the exemption? _____
11. If previously exempted, where did you receive your Flu Medical Exemption (UM, etc.)? _____

Additional information: _____

AUTHORIZATION AND ACKNOWLEDGMENT

I authorize UM Employee Health Office to request and receive documentation and information regarding my application for medical exemption. This will be used for the purposes of considering a medical exemption from receiving influenza vaccination. The mandatory Influenza Vaccine Program is a condition of my employment as a health care worker at the University of Miami. I hereby certify that the information contained herein is accurate and true to the best of my knowledge. I understand that any misrepresentation or the provision of false information will result in disciplinary action up to and including termination of my employment with the University of Miami.

Employee Signature: _____**Date**:_____

Section 2 (To be completed by the Healthcare Provider- MD, NP, DO, or PA)

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: _____

Attention Provider and Employee

ATTACH MEDICAL RECORDS

Please attach medical records or progress/visit notes that specifically indicate the contraindication/s for the patient receiving the Flu vaccine. **Please note that the entire patient chart is not required -** only the ***progress/visit note*** of the healthcare provider ***demonstrating contraindications to the Flu Vaccine is 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.**

To process this application, please remember to attach your medical records that specifically indicate the Flu vaccine contraindications.

Please attach MEDICAL RECORDS

Thank you!