



Employee ID #: _____

Wellstar Employee Health Influenza (Flu) Vaccination Medical Exemption Form

I am (please check): Candidate Employee Non-employed Provider Student Volunteer

Please print the following information clearly:

Name: _____ Employee ID#: _____ Date of Birth: _____

Facility Name: _____ Department Name: _____

Contact Number: _____ Supervisor/Manager Name: _____

Physician Name: _____ Physician Contact Number: _____

Has Wellstar Health System granted you an exemption from any other mandatory vaccine requirement in the past? Yes No

If yes, please explain the circumstances of that request: _____

Dear Physician:

For decades, influenza vaccination has been recommended for healthcare workers because they have been shown to be effective in reducing the incidence of influenza in patient populations. Influenza vaccination has also been recommended in pregnancy by the Centers for Disease Control to protect pregnant women (who are at increased risk of severe disease) and to protect the baby after it is born. The above-named person is requesting an exemption from the vaccination requirement. A medical exemption from influenza vaccination is allowed for certain recognized contraindications. **Please indicate the reason for this request below:**

History of previous allergic reaction to the influenza vaccine or documented allergy testing to indicate an immediate hypersensitivity reaction to the influenza vaccine or a component of the vaccine.

Will this contraindication require a permanent exemption? Yes No

History of Guillain-Barre Syndrome within six weeks of receiving a previous vaccine. Provide a detailed narrative that describes the event.

Will this contraindication require a permanent exemption? Yes No

Other Reaction: Influenza Vaccination contraindication is due to: _____

Will this contraindication require a permanent exemption? Yes No

Please note, soreness and redness of injection site is a normal reaction; cold/flu side effects after flu vaccine are not reactions to the flu vaccine.

PRINT PHYSICIAN NAME: _____ **MEDICAL LICENSE NUMBER:** _____

PHYSICIAN SIGNATURE: _____ **DATE:** _____

Masking: All team members should maintain standard and transmission-based precautions. Any team member who is experiencing flu-like symptoms should remain at home or, if at work when the symptoms start, wear a mask until they can leave. A team member with flu-like symptoms must not come back to work until they are free of fever for 24 hours when not on fever-reducing medication (like Tylenol). If a team member is responsible for a patient who is suspected to be suffering from influenza or is actually suffering from influenza, the team member should follow standard and transmission (Droplet) precautions, which include wearing a mask when the team member is within six feet of the patient. Team members who receive medical or religious exemptions will be required to follow the masking requirements outlined above.

Wellstar employees, non-employees, and proxies are to submit the completed form and associated documents through Wellstar's Vaccine Management Portal. For questions, please contact the HR Service Center at 470-267-1234. For non-employees, please contact your onboarding coordinator for assistance.