

2018-2019 MEDICAL EXEMPTION REQUEST FOR INFLUENZA VACCINE

Instructions: All fields are mandatory and must be completed, including recognized contraindication, provider information and signature, in order for your form to be processed.

You must print clearly. Email completed form to: fluxemption@northshore.org, or Fax to: 847-763-8656.

Completed forms must be submitted by November 15th, 2018.

Name:	Date:
Employee ID:	DOB:
Department:	Manager's Name:
Email:	Cell Phone:
Check all locations that apply: Evanston <input type="checkbox"/> Glenbrook <input type="checkbox"/> Highland Park <input type="checkbox"/> Skokie <input type="checkbox"/> Medical Group <input type="checkbox"/> 1301 Central <input type="checkbox"/> 4901 Searle <input type="checkbox"/> Other <input type="checkbox"/> _____	

Dear Healthcare Provider,

As a patient safety initiative, NorthShore has adopted an annual mandatory influenza vaccination program. Your patient (our employee/provider/vendor/volunteer/student) is requesting to be exempt from this vaccination. Medical exemption is allowed for recognized contraindications. Please complete the area below to request medical exemption for your patient. All exemption requests will be reviewed by an interdisciplinary vaccination exemption committee to ensure they meet the accepted criteria.

RECOGNIZED CONTRAINDICATIONS TO INFLUENZA VACCINATION

Please select one from the following and provide a **detailed** description of the reaction:

- Severe, life threatening allergic reaction after previous dose of influenza vaccine or to a vaccine component.

- Physician discretion for patients with history of epilepsy or Guillain-Barre Syndrome (GBS).

I certify that my patient has the above contraindication, and request medical exemption from the NorthShore annual influenza vaccination program.

Provider Print Name:	Phone:
Provider Signature:	Date: