

## Medical Exemption for Influenza Vaccine Application 2016-2017

### Employee Instructions/ Complete the following information

Name (last, first) \_\_\_\_\_ Duke Unique ID \_\_\_\_\_  
Work Area \_\_\_\_\_ Best Phone Number \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Submit this completed form to EOHWflu@duke.edu or FAX to 919-613-3518 by Monday, October 10, 2016.** You will be notified by EOHW via email by Monday, October 17, 2016 as to whether or not your exemption application has been accepted. If an active email account is not available, you will be contacted at the phone number provided above. Information will be kept only in your confidential EOHW record. After review and acceptance of this information your OESO compliance record will be updated within one week. You may check your OESO safety compliance record to verify your information at: <http://www.safety.duke.edu/>

### Provider Section

A licensed physician, PA, or NP must complete the medical exemption statement and provide their information below. Forms completed by the employee will not be accepted.

**Physician/Provider Instructions:** Completing this form verifies that different methods of vaccinating against influenza have been considered, and that the following medical contraindication precludes vaccination for influenza. Guidance for medical exemptions for influenza vaccination can be obtained from the most recent recommendations of the Advisory committee on Immunization Practices (ACIP) available in the Centers for Disease Control and Prevention publication, Morbidity and Mortality weekly Report. Found at the following website, <http://www.cdc.gov/flu/professionals/acip/index.htm>.

### ***The following are not considered contraindications to influenza vaccination:***

- Minor acute illness (e.g., diarrhea and minor upper respiratory tract illnesses, including otitis media)
- Mild to moderate local reactions and/or low- grade moderate fever following a prior dose of the vaccine
- Sensitivity to a vaccine component (e.g. upset stomach, soreness, redness, itching, swelling at the injection site)
- Current antimicrobial therapy (taking prescription anti-influenza therapy is only a temporary contraindication for the live attenuated influenza vaccine [LAI])
- Disease exposure or convalescence
- Pregnant or breast feeding
- Pregnant or immunosuppressed person in the household
- **Since egg free flu vaccine is available, history of egg allergy will not be accepted as a routine medical exemption. As with other injectable flu vaccine types, the egg free option is an FDA approved, safe and effective inactivated vaccine. The egg free does not use any form of eggs in its production and is approved for persons 18 years of age or older.**

**Document the patient's medical condition and contraindication to receiving the influenza vaccine. If more space is needed, attach additional sheets to this form.**

- History of Guillain-Barré syndrome with documentation in the medical record
- Anaphylactic reaction due to components of flu vaccine (Describe the reaction or provide details in the space below)
- Other medical contraindication (Be specific and describe in detail below)

Signature of Healthcare Provider: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_ Practice name: \_\_\_\_\_  
Practice telephone number: \_\_\_\_\_