

Medical Exemption for Influenza Vaccine Application

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@dm.duke.edu or FAX to 919-613-3518. 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.

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) Disease exposure or convalescence
- Pregnant, breast feeding, or immunosuppressed person in the employee's 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.

- History of Guillain-Barre 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: _____