



Request for Medical Exemption from Influenza Vaccination

Kettering Health strives to provide the safest environment for our patients, visitors, employees, and affiliates. All affiliated entities of Kettering Health are required to be vaccinated against seasonal influenza unless medically contraindicated. Only evidence-based medical contraindications against seasonal influenza vaccination that have been confirmed by a licensed health care provider (MD, DO, NP) will be accepted.

Section 1:

Employee Name:	Date of birth:
Employee Signature:	Badge Number:
Facility where you work:	Date:
If not a KHN employee: <input type="checkbox"/> Volunteer <input type="checkbox"/> Student <input type="checkbox"/> Contract Personnel <input type="checkbox"/> Medical Staff	

Section 2:

Please certify below the medical reason that your patient should not be vaccinated for Influenza by completing this form. Information provided will be reviewed in consideration of the exemption request.

My patient should not be vaccinated against Influenza for the following reasons:

History of Guillain-Barre syndrome within 6 weeks of receiving influenza vaccine

History of previous severe, life threatening allergic reaction to the influenza vaccine or a component(s)

What was the reaction? _____

Physical Condition/Medical Circumstance. Please state specific nature of the impairment(s) that contraindicate the influenza vaccine.

I certify that my patient has the above contraindication and request medical exemption from the influenza vaccine:

Healthcare Provider Name: _____ Date: _____

Healthcare Provider Signature: _____

FOR EMPLOYEE HEALTH USE ONLY:

Date Received: _____ Date Reviewed: _____ Sent to Medical Director: _____

Disposition: Approved Denied

Signature: _____ Date Employee Notified: _____