

PRINT NAME: _____

BADGE #: _____

Signature: _____



Request for Lifetime Religious Exemption from Influenza Vaccination

As a patient safety and health care personnel safety initiative, Kettering Health is requiring annual influenza vaccination for health care personnel. This is similar to the vaccinations that the health care organization requires as a condition of employment. For decades, influenza vaccination has been recommended for health care personnel and has shown to be effective in protecting patients from influenza illness and complications related to influenza.

I understand that it is the policy of Kettering Health that all Health Care Personnel working at Kettering Health be immunized against influenza on an annual basis. Influenza vaccination is a requirement for working at Kettering Health or in any Kettering Health facility.

I acknowledge that I have read and understand the following facts:

- Influenza is a serious respiratory disease that kills an average of 36,000 persons and hospitalizes more than 200,000 persons in the United States each year.
- Influenza vaccination is recommended for me and all other health care personnel to protect our patients, employees and families from influenza disease, its complications and death.
- I am likely to be exposed to the influenza virus through the community and could bring the illness into the health care setting.
- If I contract influenza, I will shed the virus for 24 to 48 hours before influenza symptoms appear. My shedding the virus can spread the influenza disease to patients in our facilities, and to my colleagues and family.
- If I become infected with influenza, even when my symptoms are mild or non-existent, I can spread severe illness to others.
- I understand that the strains of virus that cause influenza infection change almost every year, which is why a different influenza vaccination is recommended each year.
- I understand that I cannot get influenza from the influenza vaccine.
- The consequences of my not being vaccinated could have life-threatening consequences to my health and the health of those with whom I have contact, including, patients utilizing our services, my co-workers, my family and my community.

Despite these facts, I am requesting an exemption from the required influenza vaccine for the following sincerely held religious beliefs.

Certification:

By my signature below, I acknowledge that I have read and fully understand the information on this form. I certify that influenza vaccination is contrary to my religious beliefs, and that my beliefs, not my medical objection to vaccinations, are the motivation for my request. I understand that I may be contacted to provide further clarification. I also understand that my request for an exemption may not be granted if it is not reasonable or creates an undue hardship on my employer. I understand that any false or incomplete information on this form may result in disciplinary action, up to and including termination for falsification of records.

PRINT NAME: _____ **BADGE #:** _____

Signature

Date

I hereby affirm that this affidavit was signed in my presence on this _____ day of _____.

Notary Public Seal

Notary Public Signature

For Employee Health/Human Resources Use Only	
Reviewed by the Influenza Vaccine Exemption Committee on (Date): _____	
<input type="checkbox"/> Exemption Approved	<input type="checkbox"/> Exemption Disapproved
Employee Notified on (Date): _____	By Whom: _____