

**Agnesian HealthCare
Influenza Vaccination
Request for Exemption Form**

I understand that Agnesian HealthCare requires all healthcare workers (HCW) as defined in policy HR2661 (Influenza Vaccination; Mandatory) to be vaccinated against influenza on an annual basis, unless granted an exemption. The following form is used to request such an exemption.

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 HCWs to protect our patients from influenza disease, its complications and death.
- I am likely to be exposed to the influenza virus through the community and bring the illness into the hospital setting.
- If I contract influenza, I will shed the virus for 24-48 hours before influenza symptoms appear. My shedding the virus can spread the influenza disease to patients in this facility, 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 vaccine 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
 - My community
- I understand that not being vaccinated as a result of an exemption will require me to wear respiratory protection at all times during the flu season as defined in policy HR2661, Influenza Vaccination; Mandatory.

Masking requirements for unvaccinated HCWs during the Flu Season

All HCW who have not been vaccinated against influenza, even if not vaccinated due to granting of an exception for medical or religious reasons, will be required to wear respiratory protection, in the form of a mask, while influenza is active in the community. The mask needs to be worn at all times, with the exception of breaks and meals.

- Masks may be removed during meal and break times to allow the associate to eat and drink without hindrance.
- To be fully functional the mask must fit snugly, cover the nose and mouth and be secured to the face with ties or elastic. The metal nasal piece should be molded securely to the nose.
- The mask should be discarded, at a minimum, at the end of the shift and immediately replaced if it becomes soiled or moist. It is recommended that the mask be changed approximately every 2 hours or more frequently if needed. A damp mask may contribute to facial irritation.
- **Associates in clinical areas need to continue to follow appropriate Infection Control guidelines for isolation practices.**

Please notify your provider if you develop signs and symptoms of influenza or experience mask problems.

Despite these facts, I am requesting an exemption from the mandatory influenza vaccine for the following reasons.

Medical *(return form to Chief Medical Officer, AHC Administration)*

Guillain-Barre Syndrome

Documented allergy to chicken eggs

Other: _____

Religious belief or creed *(return form to Human Resources Director)* _____

Please attach additional documentation to this form to further explain the justification for your request.

I have read and fully understand the information on this form.

Signature: _____

Date _____

Name (print): _____

Department: _____
