

Request for Religious Exemption from Influenza Vaccination

Student Name: _____ Student Phone #: _____

School: _____

Clergy Name: _____ Clergy Phone #: _____

Title: _____

Address: _____

Dear Clergy:

In 2011, as a patient safety initiative, Aurora Health Care began requiring influenza vaccinations for all of its employees, except in the case of medical or religious reasons. For decades influenza vaccination has been recommended for health care workers and has been shown in study settings to be effective in protecting patients. The above-named employee is requesting a religious exemption from this vaccination. **Religious exemption from influenza vaccination is allowed ONLY if it violates tenets of one's religion.** Your supporting statement will assist us in evaluating this exemption request. Please complete the information below to request religious exemption for the above-named employee. We will review requests on a case-by-case basis, aided by expert input in bioethics. Should you have any questions, please call Aurora's Employee Health and Wellness department at 920-893-4769.

Thank you,

Kathy Leonhardt, MD, MPH
Vice President / Patient Safety Officer
Office of Patient Experience
Aurora Health Care

David R. Smith, MD, MPH
Vice President / Care Management
Office of Patient Experience
Aurora Health Care

Clarification from the requesting employee and/or their religious leader may be requested in writing or by phone.
The above-named employee should not be vaccinated against influenza for the following reason:

I certify that influenza vaccination violates the tenets of our religion, and request religious exemption from the influenza vaccination.

Clergy Signature: _____ Date: _____
(Signature stamps will not be accepted.)

I hereby authorize the Employee Health and Wellness department where I received the influenza vaccination to release information to my manager/supervisor to confirm my receipt of the influenza vaccination or that I am exempt from the influenza vaccination requirement in accordance with policies established by Aurora Health Care. The specific reason for exemption will not be disclosed to my manager/supervisor.

I understand that this authorization will enable the release of the information concerning my influenza vaccination to my manager/supervisor consistent with Aurora Administrative Policy 197, Influenza Immunization Policy. Additionally, I understand that once this information has been released pursuant to this authorization, it may no longer be protected by federal and/or state law/regulations. I may request a copy of my signed authorization if desired. I authorize the vice presidents of the Office of Patient Experience to contact my religious leader for clarification of exemption request.

I understand that I may revoke this authorization at any time except to the extent that prior action has been taken in reliance on this authorization. This authorization will expire when I am no longer employed by Aurora Health Care or any of its affiliated entities if I do not cancel it in writing prior to the expiration date. I understand that if I want to cancel/revoke this authorization, I must mail, fax or bring a letter in person to the Employee Health and Wellness department where I received the influenza vaccination stating that I want to cancel this authorization.

Employee Signature: _____ Date: _____