



Influenza Vaccination Medical Exemption Request

Please print legibly.

Section 1: Employee

Patient's Last Name:		Patient's First Name :	
Employee ID #:	Month/day of Birth:	Phone #:	
Employee last 4 digits of SSN#			
Email Address Where Status of Exemption Request May Be Sent: (for providers/volunteers who do not have a McLaren email)			
Please check one:	<input type="checkbox"/> Employee, Including Employed Physicians	<input type="checkbox"/> Provider Not Employed By McLaren	<input type="checkbox"/> Volunteer <input type="checkbox"/> Other:

McLaren requires influenza vaccinations for all employees working/volunteering for McLaren except in the case of McLaren-approved exemptions conferred as a result of documented medical contraindication. If you believe that you have a medical reason that prevents you from receiving the influenza vaccine, you must submit this form, completed by your medical provider. The exemption form will be reviewed by the System Influenza Exemption committee which is comprised of healthcare professionals. McLaren reserves the right to confirm the information provided with your healthcare provider. By signing this form, you hereby authorize McLaren health professionals from the exemption committee to contact your medical provider regarding conditions that prevent you from receiving the influenza vaccination. If your request is approved, you will be medically exempted from receiving influenza vaccine for lifetime of employment with McLaren and you will be required to wear a mask while at any McLaren location. If your request is not approved, you will be required to receive the influenza vaccine as a condition of your continued employment.

I hereby authorize McLaren Health System to confirm my compliance with the Influenza Immunization Policy. The specific reason for requesting an exemption will not be disclosed to my manager/supervisor.

Employee Signature _____ Date _____

WHAT PAPERWORK DO I NEED?

This Influenza Vaccination Medical Exemption Request form.

You, the employee, should complete Section 1 above, and take the form to your healthcare provider (MD, NP, or PA). Your healthcare provider should complete Section 2 and provide you with **supporting documentation**.

Supporting documentation:

- Medical documentation demonstrating a history of Guillain-Barre Syndrome (GBS) within 6 weeks of a previous dose of influenza vaccine (IIV or LAIV), severe, life threatening allergy to previous flu vaccine or vaccine components, or other medical condition that would prevent you from safely receiving a vaccine.
- Medical record/s with documentation must be provided along with your application form. Please attach copies of your medical record (progress notes, visit notes, ED notes) to this application to support the information on this application form.
- Please note that History of egg allergy alone will not be accepted as a reason for a medical exemption, as egg free flu vaccines are available. Please contact local employee health with questions.**
- Please note that McLaren flu vaccines do not contain mercury.**
- Pregnancy absent other factors is an indication, not a contraindication to influenza vaccination.
- McLaren does not utilize live influenza vaccination for staff. With this in mind being immunocompromised absent other factors is an indication, not a contraindication to influenza vaccination.

WHERE DO I SEND MY APPLICATION?

The completed forms and all required supporting documentation must be emailed to: employee.health@McLaren.org

***Please note: Page 1 and Page 2 must be submitted**

MY APPLICATION WAS DENIED. HOW CAN I APPEAL?

An employee who is denied a request for a medical exemption can appeal in writing within three (3) business days of written denial notification. The letter of appeal should be submitted to employee.health@McLaren.org

WHO DO I CONTACT FOR MORE INFORMATION?

Questions regarding MEDICAL exemptions should be emailed to employee.health@McLaren.org



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Section 2: Medical Provider

Your patient is requesting a medical exemption from this vaccination. Medical exemption from influenza vaccination is allowed for recognized contraindications. Please complete the information below regarding your patient's request for a medical exemption.

Step 1: I am requesting a medical exemption from the influenza vaccination requirement for my patient based on:

NOTE: There is an egg, thimerosal, preservative, antibiotic, and latex free vaccine available

Previous severe reaction to influenza vaccine, please include medical documentation such as chart notes (i.e., severe, life threatening allergic reaction after previous does of influenza vaccine)

- The above does not include sensitivity to the vaccine such as an upset stomach or mild to moderate local reactions such as soreness, redness, itching, or swelling at the injection site.
- The above does not include subsequent upper respiratory infection or low-grade or moderate fever following a prior dose of the vaccine.

Date of reaction: _____ Description of reaction: _____

History of Guillain-Barre Syndrome (GBS) within 6 weeks of a previous dose of an influenza vaccine

Date patient had GBS: _____ Date patient received influenza vaccine: _____

Other – Please provide this information in a separate narrative that describes the exception in detail (these requests will be reviewed on an individualized basis)

Step 2: Complete the following and provide office notes supporting the request.

Describe the patient's symptoms and the treatment provided:

Step 3: Complete the following

Licensed Medical Provider's Signature: (Signature stamps will not be accepted.)		Date:
Licensed Medical Provider's Name (Please print):		
Medical Provider's Address:	City/State/Zip Code	
Medical Provider's Phone #:	Medical Provider's Fax:	

Note: Final determination will be made by the System Influenza Exemption Review Committee.

Attention Provider and Employee-ATTACH MEDICAL RECORDS

Please attach medical records or progress/visit notes that specifically indicate the contraindication/s for the patient receiving the Flu vaccine. Please note that the entire patient chart is not required - only the *progress/visit note* of the healthcare provider *demonstrating contraindications to the Flu Vaccine is required. If medical records are not attached, exemption request will not be considered, and form will be returned to employee.*