

**DECLINATION OF FLU/INFLUENZA VACCINATION FOR MEDICAL
CONTRAINDICATION**

Introduction

Flu/Influenza vaccination is a condition of employment for all workers. Depending on the type of vaccination offered, specific medical contraindications may exist for certain individuals. The Company will only accept evidence-based medical contraindication against flu/influenza vaccination confirmed by a licensed health care provider as a medical exception to the mandatory flu/influenza policy. It is necessary to re-assess medical contraindication each year. The Company will endeavor to place an updated declination form in the employee's file annually.

The employee's primary healthcare provider must complete this medical declination form and return it to [Name].

My employer (the Company) has recommended that I receive flu/influenza vaccination to protect myself, my co-workers, the Company's customers, and the community.

I understand that because of where I work, I may place coworkers and customers at risk if I work while infected with the flu/influenza virus.

I understand that since I have an evidence-based medical contraindication to flu/influenza vaccination that I must wear a mask at all times through the duration of the flu/influenza season [dates].

Employee Name (print)

Employee Signature

Date

THE EMPLOYEE'S HEALTH CARE PROVIDER MUST COMPLETE THIS SECTION

I have evaluated [Employee name] and can verify that this employee has a medical contraindication to flu/influenza vaccination.

This employee has one or more of the following contraindications:

- Documented severe (life-threatening) allergy to eggs, egg products, or to other components of the flu/influenza vaccine
- Personal history of Guillan-Barré Syndrome within six weeks of receiving the flu/influenza vaccine
- Severe allergic reaction to previous flu/influenza vaccine
- Other: (please explain – only evidence-based medical contraindications):
[explanation]

Healthcare Provider Name (print)

Date

Healthcare Provider Signature

Phone Number