

Influenza Vaccine

Medical Exemption Statement for Health Care Personnel

For use by health care facilities choosing to institute locality-specific influenza vaccination requirements for health care personnel.

Instructions

Questions? Call (518)473-4437

1. Complete information (name, DOB etc.).
2. Complete contraindication/precaution information.
3. Complete date exemption ends, if applicable.
4. Complete medical provider information. **Retain copy for file. Return original to facility or person requesting form.**

1 Patient Name _____ Date of Birth _____

Patient Address _____

Name of Health Care Facility _____

Guidance for medical exemptions for influenza vaccination can be obtained from the contraindications, indications, and precautions described by the most recent recommendations of the Advisory Committee on Immunization Practices (ACIP) available in the Centers for Disease Control and Prevention publication, Morbidity and Mortality Weekly Report. They can be found at the following website, <http://www.cdc.gov/vaccines/pubs/ACIP-list.htm>.

Contraindications are conditions that indicate when vaccines should not be given. A **contraindication** is a condition that increases the chance of a serious adverse reaction. A **precaution** is a condition that might increase the chance or severity of an adverse reaction or compromise the ability of a vaccine to produce immunity. An **indication** is a condition that increases the chance of serious complications due to influenza infection. If an individual has an indication for influenza vaccination, it is recommended that they be immunized.

The following are not considered contraindications to influenza vaccination.

- Minor acute illness (e.g., diarrhea and minor upper respiratory tract illnesses, including otitis media).
- Mild to moderate local reactions and/or low-grade or moderate fever following a prior dose of the vaccine.
- Sensitivity to a vaccine component (e.g., upset stomach, soreness, redness, itching, swelling at the injection site).
- Current antimicrobial therapy (taking prescription anti-influenza therapy is only a temporary contraindication for the live attenuated influenza vaccine [LAIV]).
- Disease exposure or convalescence.
- Pregnant or immunosuppressed person in the household.
- Breast feeding.
- Family history (unrelated to immunosuppression).
- Any condition which is itself an indication for influenza vaccination.

Contraindications and precautions to all influenza vaccines include the following.

- Severe allergic reaction after a previous dose or to a vaccine component (e.g., eggs).*
- History of Guillain Barré Syndrome.
- Current moderate or severe acute illness with or without fever (until symptoms have abated).

* A severe allergic reaction is characterized by a sudden or gradual onset of generalized itching, erythema (redness), or urticaria (hives); angioedema (swelling of the lips, face or throat); severe bronchospasm (wheezing); shortness of breath; shock; abdominal cramping; or cardiovascular collapse.

2 Please document the patient's contraindication/precaution here:

3 Date exemption ends(only if applicable):

4 A New York State licensed physician, physician assistant, nurse practitioner, nurse-midwife or licensed midwife must complete this medical exemption statement and provide their information below.

Name (print) _____ NYS Medical License # _____

Address _____ Telephone _____

Signature _____ Date _____

For Facility Use ONLY Medical Exemption Status: ☐ Accepted ☐ Not Accepted Date _____

Reason: _____