**CARILION CLINIC VACCINE MEDICAL EXCEPTION FORM**

Please print the following information:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Personal Phone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Badge No (employees only): \_\_\_\_\_\_\_\_\_\_\_\_

Manager No (employees only): \_\_\_\_\_\_\_\_\_\_\_\_\_ Department No (employees only): \_\_\_\_\_\_\_\_\_

Physician Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Physician Phone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear Physician:

Carilion Clinic requires influenza vaccination for its employees, non-Carilion providers, volunteers, contract staff, and students. Influenza vaccination has been shown to be effective in reducing the incidence of influenza and is recommended by the Centers for Disease Control. The above named person is requesting an exception from this vaccine requirement. A medical exception from influenza vaccination is allowed for certain recognized contraindications (CDC MMWR Early Release 2011, Vol. 60. Available online: <http://www.cdc.gov/mmwr/pdf/wk/mm60e0818.pdf>

* Previous severe allergic reaction to the vaccine or components of the vaccine
* An episode of Guillain-Barre’ syndrome occurring within 6 weeks of a prior influenza vaccine

**EGG ALLERGY GUIDELINES**

* If you are able to eat lightly cooked egg (e.g., scrambled egg) without reaction, you are unlikely to be allergic and can get any licensed flu vaccine that is otherwise appropriate for your age and health.
* If you are someone with a history of egg allergy, who has experienced only hives after exposure to egg, you can get any licensed flu vaccine that is otherwise appropriate for your age and health.
* If you are someone who has more serious reactions to eating eggs or egg-containing foods, like angioedema, respiratory distress, light headedness, or recurrent vomiting; or who required epinephrine or another emergency medical intervention, you can get any licensed flu vaccine that is otherwise appropriate for your age and health, but the vaccine should be given by a health care provider who can recognize and respond to a severe allergic response.

**If the exception is for allergy to eggs, a non-egg based vaccine can be substituted with the most current CDC Advisory Committee for Immunization Practices (ACIP).**

Please complete the form below.

**The above individual should not be vaccinated for influenza due to the following reasons: (Check all that apply).**

**□** History of previous allergic reaction and documented allergy testing to indicate an immediate hypersensitivity reaction to the influenza vaccine or a component of the vaccine. **Please attach supporting documentation or medical records.**

□ History of Guillain-Barre’ syndrome within 6 weeks of receiving a previous influenza vaccine. Please provide and attach a detailed narrative that describes the event.

□ Other – Please provide this information in a separate narrative that describes the exception in detail (these requests will be reviewed on a case-by-case basis).

I certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has the above contraindication and requests a medical exception from influenza vaccination.

Physician Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *(Note: Signature stamp not acceptable)*

Physician Medical License No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 

1. If a Carilion employee: Submit this request to the Carilion Clinic HR Service Center by scanning and emailing this form and supporting documentation to: HRServiceCenter@carilionclinic.org or if a student only, submit to visitingstudentaffairs@carilionclinic.org
2. Employees only: This request will be reviewed by a committee.
3. Employees only: You will be notified of the decision regarding your requested exception.
4. If you are granted a medical exception and develop symptoms of influenza during the influenza season, please do not report to work until being cleared by Employee Health. If symptoms develop while at work, please wear a surgical mask until leaving the workplace.

**OFFICE USE ONLY:**

Medical Exception Approved on: \_\_\_\_/\_\_\_\_/\_\_\_\_\_ Approved Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_