



Influenza Vaccine Accommodation

Seasonal influenza vaccination is the most important way of preventing seasonal influenza virus infections. HFM, a hospital committed to protecting the health and well-being of its patients and staff, has initiated a new policy requiring all employees, volunteers, and students to obtain the flu vaccine yearly. Accommodations will be made for legitimate medical and religious reasons.

Medical accommodations are granted for:

1. Severe allergy to eggs or other component of the vaccine
2. History of Guillian Baré Syndrome

Religious accommodations are granted for religious beliefs.

If requesting a **medical accommodation**, your healthcare provider must indicate the reason and if accommodation is temporary (due to a temporary health condition) or permanent. See form specific for medical accommodation.

If requesting a **religious accommodation**, you must obtain a request from your clergy person that clearly explains why the immunization is contrary to the individual's religious beliefs. See form specific for religious accommodation.



MEDICAL ACCOMMODATION FOR SEASONAL FLU VACCINE

Student Name: _____

Department/Site of placement: _____

To be completed by Healthcare Provider

_____ requires a medical accommodation for the seasonal flu vaccine.

Circle appropriate reason

1. Severe allergy to eggs
2. Allergy to other component - _____
3. History of Guillian Baré Syndrome

Other reason – clearly identify: _____

This accommodation is: _____ Temporary _____ Permanent

Provider Name Printed: _____

Provider Signature: _____ Date: _____

Completed accommodation forms must be returned to Treesa Peterik (tpeterik@hfmhealth.org or FAX: 920-320-5111) 7 days of your student experience.

Employee Health Services will determine if the accommodation has been accepted.



RELIGIOUS ACCOMMODATION FOR SEASONAL FLU VACCINE

Student Name: _____

Department/Site: _____

Dept. Phone #: _____

To be completed by Clergy

_____ requires a religious accommodation for the seasonal flu vaccine due to: *(clearly explain why the immunization is contrary to the individual's religious beliefs)*

Clergy Name Printed: _____

Clergy Signature: _____ Date: _____

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Employee Health Services will determine if the accommodation has been accepted.**