



## 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](mailto: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)*

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Clergy Name Printed: \_\_\_\_\_

Clergy Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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