



Flu Vaccine Exemption Request

Employee Health Services

Employees: Email requests to fluexemptionrequests@ochsner.org

Onboarding Candidates: Please give this form to the EH Staff at your New Hire Appointment

PRINT LEGAL NAME (as in Payroll System)		Date of Birth
Primary Work Facility	Department	Contact Number
I certify I am one of the following: <input type="checkbox"/> Contract <input type="checkbox"/> Employee <input type="checkbox"/> Volunteer <input type="checkbox"/> Med Student <input type="checkbox"/> Student		

Any Employee/Physician/Volunteer/Other requesting an exemption to Ochsner's annual mandatory influenza vaccination must complete the following documentation in accordance with The Joint Commission's Standard IC.02.04.01 and Ochsner Health System's policy OHS.HR.417, Workforce Influenza Vaccinations.

I have been offered the annual Influenza vaccine by Ochsner Health System. I understand that because I work in a health care environment, I may place others at risk, including patients and co-workers, if I work while infected with the influenza virus. To minimize this risk, I understand that I will always be required to wear a surgical mask for direct patient care.

I acknowledge that I am aware of the following facts:

- Influenza is a serious respiratory disease that kills an average of 36,000 and hospitalizes more than 200,000 in the United States each year.
- Influenza vaccinations recommended by the CDC for mean all other healthcare workers to prevent influenza disease and its complications, including death.
- If I contract influenza, I will shed the virus for 3-5 days before influenza symptoms appear. My shedding the virus can spread influenza infection to patients and employees in this facility.
- If I become infected with influenza, even when my symptoms are mild, I can spread severe illness to others, especially the very young and old.
- I understand that the strains of virus that cause influenza infection change almost every year, which is why a different influenza vaccine is recommended each year.
- I cannot get the influenza disease from influenza vaccine.
- The consequences of my refusing to be vaccinated *could* endanger my health and the health of those with whom I have contact, including:
 - ☐ Patients in this healthcare setting
 - ☐ My family
 - ☐ My co-workers
 - ☐ My community

Despite these facts, I am choosing to request an Exemption for Influenza vaccination right now for the following reason(s):
(Must select 1)

<input type="checkbox"/> Religious Belief – Please note and/or describe the specific reason(s) and/or any supporting documentation for review.	
<input type="checkbox"/> Medical exemption determined by a physician (a medical contraindication to receiving the flu vaccine). Please attach reason(s) and supporting documentation with a healthcare provider's signature. Note: Ochsner offers an egg-free vaccine called Flublok; therefore, egg allergy will no longer be accepted as a medical exemption. All Flu Vaccine offered through Employee Health are Thimerosal-free and Latex-free.	
Physician Name:	Date:
Physician Signature:	Contact Number:

****Exemption Request will be reviewed for approval and you will be notified of that decision****

Employee Signature:	Date:
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