



Exemption from Seasonal Influenza Vaccination For Medical Contraindication

Banner Health has required that I receive seasonal influenza vaccination in order to protect myself and the patients I serve. *Only evidence-based medical contraindication against seasonal influenza vaccination confirmed by a licensed health care provider (MD, DO or NP) will be accepted as an exemption to the mandatory influenza policy. Medical contraindication must be re-assessed each year and an updated exemption form must be completed and submitted yearly.*

This Medical Exemption form must be completed by the employee’s primary physician (MD, DO or NP) and returned to Employee Health/Occupational Health Services. Return forms to:

- **Employees, volunteers, medical staff, contract personnel and students:**
Forms may be returned by fax to Occupational Health at 602-839-0383 or scanned and emailed to NoFluForYou@bannerhealth.com
- **Vendors:** Forms should be submitted to the appropriate department or individual in your company, and must be maintained for inspection upon request by Banner Health.

I request to be exempted from the seasonal influenza vaccination due to a medical contraindication.

I understand that because I work in a health care environment I may place patients and co-workers at risk if I work while infected with the influenza virus.

I understand that since I have been exempted from the influenza vaccination that I will be required to wear a mask upon entry to any Banner Health facility in which patients may be present, and at all times during a scheduled shift except while eating in a break room or cafeteria, for the duration of the influenza season (**generally December 1-March 31**). I understand that masking is required to support the infection prevention policies and practices at Banner Health.

- | | | |
|------------------------------------|---|--|
| <input type="checkbox"/> Employee | <input type="checkbox"/> Student | <input type="checkbox"/> Medical Staff/Allied Health |
| <input type="checkbox"/> Volunteer | <input type="checkbox"/> Contract Personnel | <input type="checkbox"/> Vendor |

ID Number (Lawson, badge, MS4#, etc)

Name (print)

Signature

Date

Supervisor’s Name (print)

THIS SECTION SHOULD BE COMPLETED BY THE EMPLOYEE’S PHYSICIAN (MD, DO or NP)

I have read the vaccine information provided (page 2) and evaluated _____ and attest that this employee has one or more of the medical contraindications to **inactivated** influenza vaccination listed below.

- Documented severe allergy to eggs or egg products
- Personal history of Guillan-Barré Syndrome within 6 weeks of receiving influenza vaccine
- Severe allergic reaction to previous influenza vaccine

Physician (MD, DO or NP) Name (print)

Date

Phone Number

Physician (MD, DO or NP) Signature

Questions regarding medical contraindications? Call Banner Occupational Health at 602-747-3317.

Provider Fact Sheet: Guidelines for determining appropriateness of vaccine for Banner Employees
Information Source: Centers for Disease Control

Recommended populations for receiving the vaccine: All individuals 6 months of age or older should receive the vaccine unless they have one of the following contraindications:

1. Persons with severe (life-threatening) allergies to eggs or to other components of the influenza vaccine.
2. A history of Guillain-Barré Syndrome within six weeks following a previous dose of influenza vaccine.

If a person has had a previous contraindication due to a reaction to the vaccine, but still desires to get the influenza vaccine, they should discuss it with their primary healthcare provider. Components of the vaccine as well as the amount of egg protein have changed in the modern vaccine. This may decrease the risk of a future severe reaction.

High Risk Populations that should receive the vaccine:

1. Those at high risk of contracting influenza and developing complications secondary to influenza infection: Patients in this category would include pregnant women and patients with autoimmune disorders, diabetes, cancer, chronic medical conditions and HIV/AIDS.
2. Those at high risk of developing complications secondary to influenza infection: Children 6 months to 4 years, patients with asthma, those aged 50 and older, morbidly obese patients, and patients with cardiovascular diseases.

Vaccine type:

1. Injection: Inactivated (killed virus) - “The flu shot” (TIV) is appropriate for all individuals receiving the influenza vaccine. Individuals over the age of 65 years old would be eligible for the high dose injection of the inactivated virus.
2. Intranasal: Live attenuated virus – This vaccine is recommended for healthy patients. The intranasal spray (LAIV) is contraindicated for those groups of patients that have incompetent immune systems. These groups would include patient with autoimmune conditions, patients with cardiovascular, (except isolated hypertension), renal, hepatic, neurologic/neuromuscular, hematologic or metabolic disorders, patients on immunosuppressive medications, patients with either a history of cancer or an active diagnosis of cancer, pregnant women, and patients with diabetes.
3. All injectable vaccine provided by Banner Health is Thimerosal/preservative free.

Vaccine response:

1. Antibody response: On average, after receiving the vaccine, it takes 2 weeks to establish an immune response.
2. Timing: It is recommended to get the vaccine as early as possible after it becomes available to ensure that immunity is established prior to the beginning of the influenza season.
3. Banner Health is requiring that all employees receive the vaccine prior to Dec 1 each year.