

**ATTACHMENT A**  
**Influenza Vaccination Acknowledgement and Exemption Form Request**

To consider a request for exemption, this Acknowledgement and Exemption Form Request along with the required documentation must be submitted no later than October 1 for the upcoming Flu Season.

I understand that it is the policy of LG Health that all Health Care Personnel working at LG Health be immunized against influenza on an annual basis. Influenza vaccination is a requirement for working at LG Health or in any LG Health facility.

I acknowledge that I have read and understand the following facts:

- Influenza is a serious respiratory disease that kills an average of 36,000 persons and hospitalizes more than 200,000 persons in the United States each year.
- Influenza vaccination is recommended for me and all other health care personnel to protect our patients, employees and families from influenza disease, its complications, and death.
- I am likely to be exposed to the influenza virus through the community or at work.
- If I contract influenza, I will shed the virus for 24-48 hours before influenza symptoms appear. My shedding the virus can spread the influenza disease to patients in this facility, to my colleagues, and family.
- If I become infected with influenza, even when my symptoms are mild or non-existent, I can spread severe illness to others.
- 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 understand that I cannot get influenza from the influenza vaccine.
- The consequences of my not being vaccinated could have life-threatening consequences to my health and the health of those with whom I have contact, including any patients, my coworkers, my family and my community.
- I understand that if I am granted an exemption, I will be required to wear a surgical mask within 6 feet of any person at all times while influenza virus is active in the community (as determined by LG Health).

**Exemption Request**

**Despite** these facts, I am requesting an exemption to the annual influenza immunization. I request an exemption to the influenza immunization requirements based on the following:

**Medical Contraindication:**

Indicate Reason: \_\_\_\_\_

***\*MUST complete Attachment B***

**Religious Belief or Creed:**

Indicate Reason: \_\_\_\_\_

***\*MUST complete Attachment C***

I understand that my failure to submit acceptable medical documentation or provide a statement that supports my request for exemption for religious reasons may result in my request for an exemption being denied.

I understand that my request for an exemption will be reviewed, and I will be contacted with a decision regarding my exemption request, and that there will be a process for review that I may request if my exemption is denied.

I understand that in order to maintain a safe work environment for patients and staff:

- (i) my manager and/or supervisor will be notified of my exemption;
- (ii) I will be required to wear a surgical mask when working within 6 feet of any person, while influenza is active within the community (as determined by LG Health);
- (iii) I may be reassigned if working in a high risk area or I may need to conform to additional infection prevention and control measures while at work.

I consent to the release of this request, including any supporting documentation, to all such representatives of LG Health, on a need-to-know basis, in order for the representatives to carry out their duties and to act on my request for an exemption.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

First Name (Print): \_\_\_\_\_

Last Name (Print): \_\_\_\_\_

Department: \_\_\_\_\_

Manager: \_\_\_\_\_

Position: \_\_\_\_\_

Shift: \_\_\_\_\_

**ATTACHMENT C**  
**Request for Religious Exemption from Influenza Vaccination**

As a patient safety and health care personnel safety initiative, LG Health is requiring annual influenza vaccination for health care personnel. This is similar to other vaccinations that the health care organization requires as a condition of employment. For decades, influenza vaccination has been recommended for health care personnel and has been shown to be effective in protecting patients from influenza illness and complications related to influenza. Increasingly, national professional, health care, and infection prevention organizations are strongly recommending that health care organizations require annual influenza vaccination to protect the health and safety of patients, employees, patient and employee family members, and the community as a whole from influenza infection.

**NAME OF INDIVIDUAL REQUESTING RELIGIOUS EXEMPTION:** \_\_\_\_\_

**EMPLOYEE/BADGE#:** \_\_\_\_\_

LG Health may recognize exemptions to annual influenza vaccination for religious reasons. The individual identified above is requesting to be exempt from influenza vaccination for religious reasons. Please confirm that the employee follows religious beliefs that would prevent them from receiving the vaccination and qualify for an exemption by completing the information below. If you have any questions, please contact Bobbi Jo Hurst, Employee and Student Health Manager, (717) 544-2331.

Name of Religion: \_\_\_\_\_

Name and Address of Religious Organization: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Description of Religious Doctrine or Practice that is contrary to Influenza Vaccination: \_\_\_\_\_

\_\_\_\_\_

I certify that the above individual practices a religion where influenza vaccination is contraindicated according to doctrine or accepted religious practices. I understand that I could be contacted for additional clarification.

Name of Clergy: \_\_\_\_\_

Signature of Clergy: \_\_\_\_\_

Telephone: \_\_\_\_\_

**\*All information MUST be completed in order to be considered for an exemption**

***Forward completed form to Employee Health***