



**ALLINA HEALTH VACCINE MEDICAL EXEMPTION FORM
REQUEST FOR MEDICAL EXEMPTION FROM INFLUENZA VACCINATION**

Healthcare Worker” includes all Allina Health employees, medical staff, licensed independent practitioners, contracted allied clinical personnel, students, volunteers and observers, and independent contractors and vendors who provide services on Allina Health’s premises.

PLEASE PRINT THE FOLLOWING INFORMATION:

| | | | |
|------------|--|-----------------|--|
| HCW NAME | | HCW A# or D# | |
| HOME EMAIL | | CONTACT PHONE | |
| JOB TITLE | | | |
| DEPARTMENT | | SUPERVISOR NAME | |

After you and your provider complete this form, scan it and submit it to vaccineexemption@allina.com.

Dear Medical Provider:

Allina Health requires influenza vaccination similar to other required vaccinations such as MMR and varicella. The Centers for Disease Control and Prevention (CDC) recommends Influenza vaccination as the most effective way to prevent influenza illness and transmission and recommends that all healthcare workers receive an annual influenza vaccination. Influenza vaccination has also been recommended in pregnancy by the CDC to protect pregnant women (who are at increased risk of severe disease) and to protect the baby after it is born. The above named person is requesting an exemption from this vaccination requirement. A medical exemption from influenza vaccination is allowed for certain recognized medical contraindications ([CDC MMWR Early Release 2011; Vol. 60](#)). **Please note that Allina Health offers a recombinant Influenza vaccine devoid of any egg products.**

Please complete the form below. Do not include in your response any “genetic information,” as described at the bottom of this page.¹ Should you have any questions, please contact: Allina Health Employee Occupational Health at VaccineExemption@allina.com.

In my professional opinion, the above person should not be immunized for influenza for the following reason(s) (please check all that apply.):

History of severe allergic reaction (e.g., anaphylaxis) or documented allergy testing

History of Guillain-Barre Syndrome within six weeks of receiving a previous vaccine.

Bone marrow transplant within the past 6 months

Other medical contraindication to influenza vaccine –Provide this information in a separate narrative that describes the contraindication in detail (these requests will be reviewed on a case-by-case basis).

In light of the fact that we offer a recombinant Influenza vaccine, devoid of any egg products, are you still recommending an exemption and if so, please explain. _____

I certify _____ has the above medical contraindication and request a medical exemption from the influenza vaccination.

Medical Provider: Name (Please print legibly): _____ STATE LIC # _____

Signature: _____ Date: _____ Contact Phone: _____

Practice Name: _____ Practice phone: _____

(Note: Signature Stamp Not Acceptable)

PLEASE EMAIL FORM TO: VaccineExemption@ALLINA.COM

¹ The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. “Genetic information” as defined by GINA, includes an individual’s family medical history, the results of an individual’s or family member’s genetic tests, the fact that an individual or an individual’s family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.



Allina Health

EMPLOYER USE ONLY

Exemption Approved Denied

BY: _____

NOTES: _____

ENTERED INTO WORKDAY: _____