



Jefferson Occupational Health Network

Request for Medical Exemption ---- Influenza Vaccination 2024-2025

Complete form and scan/email to: EXEMPTIONS@JEFFERSON.EDU by **October 1**.

NAME: _____ PHONE: () ____ - _____

DOB: _____ CAMPUS KEY: _____

LOCATION: Abington/Lansdale Northeast Jefferson Methodist Magee New Jersey Einstein

Employee Student Volunteer Medstaff Other _____

Department/School _____

Supervisor/Director: _____

Dear Healthcare Provider:

Your patient is requesting a medical exemption. Exemptions from influenza vaccination are allowed for recognized contraindications referenced at www.flu.gov.

Sincerely,

Kenneth Lankin, MD, MBA, MPH
Medical Director, Jefferson Occupational Health Network

My patient should not be vaccinated against influenza for the following reason:

- Recognized contraindication to influenza vaccination (please mark which one):
 - History of previous severe allergic reaction to the flu vaccine or a component of the vaccine. Defined as developing hives, lip or tongue swelling, and difficulty breathing. Does not include sore arm, local reaction, or subsequent upper respiratory tract infection.
 - History of Guillain-Barre Syndrome within 6 weeks of previous vaccination. People with this history can choose to get the vaccine.
- Other- please describe in the space below. "Other" requests will be reviewed on a case-by-case basis by the Medical Director and the Infection Control Officer of Thomas Jefferson University Hospital. Clarification from the employee and his/her physician may be requested.

I certify my patient has the above contraindication and may be asked for documentation

Provider Signature: _____ License #: _____ Date: _____

Provider name (Stamp or Print): _____ Phone: _____

(See frequently asked questions on reverse side)

Frequently Asked Questions Related to Influenza Vaccination Exemption Requests 2024/2025 Season

1. What is the deadline for submission of requests for exemptions to the influenza vaccination?
October 1
2. What form should I use?
Only the current influenza exemption form will be accepted.
3. Will a healthcare provider's note be acceptable?
No, the influenza form must be completed by your healthcare provider.
4. How do I submit this form?
Requests for exemptions from the influenza vaccination must be emailed to exemptions@jefferson.edu.
5. Can I fax the form?
Requests for exemptions from the influenza vaccination must be emailed to exemptions@jefferson.edu.
6. How will I know that my form is approved?
All forms are reviewed and evaluated by JOHN Medical Providers. You may be contacted for more information. You will receive email notification that you have been approved OR that the request has been denied.
7. How will my manager know I am approved?
Approvals will be noted in PureOHS and reports of compliance will reflect that you are approved. You will have a copy of the approval notice by email from exemptions@jefferson.edu
8. What happens if my request is not approved?
You must have the influenza vaccination prior to the deadline of **November 8, 2024**.
9. How should I complete the form?
Please complete the form fully and legibly. Illegible forms will delay the process.
Please ensure that your email address is legible as this how we will provide the exemption response.
Please assure that entire provider detail section is filled out.
10. How long does the process take for approval?
The evaluation may take 10 days from the date of submission. If you have questions or concerns, you may email exemptions@jefferson.edu for an update.