

Influenza Vaccine

Medical Exemption Statement for Health Care Personnel

Instructions:

1. Complete information (name, DOB, etc.).
 2. Complete contraindication/precaution information.
 3. Complete date exemption ends, if applicable.
 4. Complete medical provider information. **Retain copy for file. Return original to facility or person requesting form.**
-

1 Patient Name _____ Date of Birth _____

Patient Address _____

Name of Health Care Facility _____

Guidance for medical exemptions for influenza vaccination can be obtained from the contraindications, indications, and precautions described by the most recent recommendations of the Advisory Committee on Immunization Practices (ACIP) available in the Centers for Disease Control and Prevention publication, Morbidity and Mortality Weekly Report. They can be found at the following website: <https://www.cdc.gov/vaccines/hcp/acip-recs/index.html>.

Contraindications are conditions that indicate when vaccines should not be given. A **contraindication** is a condition that increases the chance of a serious adverse reaction. A **precaution** is a condition that might increase the chance or severity of an adverse reaction or compromise the ability of a vaccine to produce immunity. An **indication** is a condition that increases the chance of serious complications due to influenza infection. If an individual has an indication for influenza vaccination, it is recommended that they be immunized.

The following are *not* considered contraindications to influenza vaccination:

- Minor acute illness (e.g., diarrhea and minor upper respiratory tract illnesses, including otitis media).
- Mild to moderate local reactions and/or low-grade or moderate fever following a prior dose of the vaccine.
- Sensitivity to a vaccine component (e.g. soreness, redness, itching, swelling at the injection site).
- Current antimicrobial therapy.
- Disease exposure or convalescence.
- Pregnant or immunosuppressed person in the household.
- Breastfeeding.
- Family history.
- Any condition which is itself an indication for influenza vaccination.

Contraindications to all influenza vaccines include the following:

- Severe allergic reaction after a previous dose or to a vaccine component.*

Precautions to all influenza vaccines include the following:

- History of Guillain Barré Syndrome.
- Current moderate or severe acute illness with or without fever (until symptoms have abated).

*A severe allergic reaction is characterized by a sudden or gradual onset of generalized itching or erythema (redness), hives; angioedema (swelling of the lips, face or throat); severe bronchospasm (wheezing); shortness of breath; shock; abdominal cramping; or cardiovascular collapse.

2 Please document the patient's contraindication/precaution here:

3 Date exemption ends (only if applicable): _____

4 By signing below, I affirm that I have reviewed the current ACIP Contraindications and Precautions and that the stated contraindication(s)/precaution(s) is/are enumerated by the ACIP and consistent with established national standards for vaccination practices. I understand that I might be required to submit supporting medical documentation. I also understand that any misrepresentation might result in referral to the New Jersey State Board of Medical Examiners and/or appropriate licensing/regulatory agency.

Healthcare Provider Name (please print): _____

Specialty: _____

NPI Number: _____ License Number: _____

State of Licensure: _____ Phone: _____

Fax: _____ Email: _____

Address: _____ City: _____

State: _____ Zip: _____

Signature: _____ Date: _____

For Facility Use ONLY Medical Exemption Status: Accepted Not Accepted Date _____
Reason: _____

Provider - Include your logo here