

Medical Exemption Request - Student

Prisma Health Vaccination Program - Influenza

Prisma Health is committed to providing a safe and healthy environment for all of our team members, students, patients and visitors. Our vaccination program is provided to enhance our current infection control plans in order to prevent or minimize the spread of vaccine-preventable diseases within the organization.

Students may request an exemption from the mandatory vaccine with documented medical contraindications to receiving the vaccination. All requests for exemption will remain confidential.

Student Name

Employee ID (if applicable)

Academic Program

Home or Cell Phone

University

Email address

The above named student is unable to take the **Influenza vaccine** for one of the following reasons (per CDC guidelines):

- ☐ Severe, life threatening allergies to vaccine or any ingredient in the vaccine
(**supporting documentation attached**)
- ☐ Other medical condition (**supporting documentation attached**)

Physician Printed Name: _____ Phone: _____

Physician Signature: _____ Date: _____

Please return form to student.affairs@prismahealth.org.

PLEASE NOTE the following restrictions will apply to students who are exempt from receiving vaccinations:

- **Influenza:** All students will wear the required mask or approved face shield while at work, with the exception of breaks and meals, during influenza season.

To be completed by Employee Health:

Request received on: _____ Reviewed by: _____

Previous Exemption: Y N

☐ Exemption **Approved**

☐ Exemption **Denied**

Student Notified on: _____

Reviewer Signature

Date