

INFLUENZA VIRUS VACCINE INFORMATION/PROTOCOL/EXEMPTION FORM FOR 2021-2022

My employer, The GW Medical Faculty Associates (GW MFA), has recommended that I receive influenza vaccination to protect myself and the patients I serve. I acknowledge that I am aware of the following facts:

- ❖ Influenza is a serious respiratory disease that each year causes the hospitalization of more than 200,000 persons and kills greater than 36,000 persons in United States. Although influenza activity during the 2020–21 season was low throughout the United States (18), the timing and intensity of the upcoming 2021–22 influenza season cannot be predicted. Influenza vaccination remains an important tool for the prevention of potentially severe respiratory illness, which might decrease stress on the U.S. health care system during ongoing circulation of SARS-CoV-2. (CDC, MMWR, 08/27/2021).
- ❖ Influenza vaccination is recommended for all people 6 months of age and older to prevent influenza disease and its complications – including death. The influenza vaccine can provide substantial public health benefits.
- ❖ If I contract influenza, I will shed the virus for 24-48 hours before influenza symptoms appear. My shedding the virus can spread influenza infection to my family, patients/coworkers in this facility and/or in their homes. If I become infected with influenza, even when my symptoms are mild, 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. The vaccine offered to me contains “inactivated” (killed) virus, and cannot give me influenza.
- ❖ I understand that I may change my mind at any time and accept the influenza vaccination if vaccine is available. I have read and fully understand the information on this exemption form and meet the qualifications for exemption from receipt of influenza vaccine.

EXEMPTION ATTESTATION (Deadline October 29, 2021)

Please check the reason(s) you are requesting exemption from receiving the Flu vaccination at this time. Please submit **medical or other relevant documentation** to indicate the rationale for exemption of the influenza vaccine:

- ☐ I am allergic to a vaccine component: _____
- ☐ I have had Guillain-Barre syndrome
- ☐ I have had a serious reaction to a previous influenza vaccine
- ☐ I have a religious exemption

I have read and fully understand the information on this exemption form. I understand I will wear a surgical mask at all times while in any GW MFA medical facilities during the entire Influenza Season (October, 2021 –April, 2022), and throughout the COVID-19 Pandemic. Noncompliance may be cause for immediate disciplinary action, up to and including termination.

I acknowledge that I have been provided a copy of the Influenza (Inactivated or Recombinant Vaccine) Vaccine Information Sheet (VIS) Dated 08/06/2021, in accordance with CDC guidelines for the 2021-2022 Flu Season. I have had an opportunity to read the VIS sheet and all my questions have been answered by the medical / nursing staff to my satisfaction. I also give permission to share my immunization record with credentialing institutions or other organizations required by law to have such records.

NAME (PLEASE PRINT/SIGNATURE)

DOB

POSITION/DEPARTMENT

TELEPHONE NUMBER

DATE