



**MEDICAL EXEMPTION REQUEST FORM**  
INFLUENZA VACCINATION

Medical Staff/Licensed Independent Practitioners (LIPs) PLEASE PRINT THE FOLLOWING INFORMATION

Name: \_\_\_\_\_ Date of Request: \_\_\_\_/\_\_\_\_/\_\_\_\_

HMH PRIMARY Affiliation/Campus: \_\_\_\_HUMC \_\_\_\_JFK \_\_\_\_RBMC  
\_\_\_\_BMC \_\_\_\_RMC \_\_\_\_JSUMC \_\_\_\_OMC \_\_\_\_PMC \_\_\_\_SOMC

Best Contact Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Health Care Provider Name: \_\_\_\_\_ Health Care Provider Phone Number: \_\_\_\_\_

Dear Health Care Provider:

Hackensack Meridian Health requires all Team Members/LIPs to obtain an annual influenza vaccination. The influenza vaccination is recommended for all health care workers because it has been proven to be effective in reducing the incidence of influenza. The Centers for Disease Control and Prevention recommends pregnant women take the vaccination to protect themselves and 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 contraindications.

**Please check all that apply:**

\_\_\_\_ History of previous allergic reaction and documented allergy testing to indicate an immediate hypersensitivity reaction to the influenza vaccine or a component of the vaccine. **Please attach supporting DOCUMENTATION or MEDICAL RECORDS.**

\_\_\_\_ History of Guillain-Barre Syndrome within six weeks of receiving a previous vaccine. **Please provide and attach a detailed narrative that describes the event.**

\_\_\_\_ Other – Please provide this information in a separate narrative that describes the reason for exemption request in detail.

I certify that the above named person has the contraindication noted and I support this request for a medical exemption from influenza vaccination.

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(NOTE: Signature Stamp Not Acceptable)

Provider License No.: \_\_\_\_\_

Fax completed form by October 1st to HMH Occupational Health at:

Corporate OH South & Central Regions: 732-263-7902 OH North Region: 551-996-8750