



## INFLUENZA EXEMPTION FORM

**HEALTH ASSOCIATES**  
beyond expectations

### Influenza Vaccination Exemption

I hereby declare that:

I have received the Influenza vaccination for this flu season and have sent record  
Date Completed: \_\_\_\_\_

Due to religious reasons I am declining the vaccination. Attached, please find a statement from my clergy, on official letterhead, stating the declination.

The vaccine offers medical contraindication for me. Attached please find a statement from my healthcare provider, on official letterhead, stating the declination.

I am declining the Influenza vaccination and none of the above apply  
Describe: \_\_\_\_\_

I acknowledge that influenza vaccination is recommended by the CDC for all healthcare workers to prevent infection from and transmission of influenza and its complications, including death, to patients, my coworkers, my family and my community. By choosing not to get the Influenza vaccinations, I am aware that I may be asked to wear a mask continuously while providing direct patient care.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_