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**Ascension Texas Ministry Policy**

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**Influenza Vaccination****Attachment to: Patient and Health Care Personnel Safety–Influenza Vaccination****Medical Declination Form**

1. All Health Care Personnel (HCP), as defined per the policy, requesting a medical exemption must complete the attached form and return to the following:

Ascension Texas  
1345 Philomena St.  
Austin, TX 78723  
Employee-Health@seton.org

All requests must be received no later than **11: 59 p.m. on October 31, 2018**. This allows enough time to review each request. *Requests received after October 1st will not be considered, unless otherwise outlined within this policy or legally required.*

2. Please ensure that you complete all fields. Incomplete requests will not be considered.
3. Send all original documentation to the address above and keep a copy for your records.
4. Per the Ascension Texas policy:  
HCP previously granted a permanent Medical Exemption **will not be required to complete a yearly influenza vaccination exemption. Permanent exemptions may be negated in the event Centers for Disease Control (CDC) guidelines change or advancement in the art of vaccination design occurs, at which time HCP will be notified that exemption resubmission is required.**

All HCP will be required to strictly adhere to respiratory hygiene and hand hygiene practices, as well as isolation precautions.

5. You will be notified of the designated reviewing body's decision. The original exemption letter will be filed in your associate/occupational health record.



Ascension Texas Ministry Policy

Influenza Vaccination
Medical Declination Form

In alignment with our values of Reverence and Integrity and for the safety of our patients and workforce, Ascension Texas is requiring annual influenza vaccination for all Health Care Personnel (HCP). This is similar to other vaccinations that the health care organization requires as a condition of employment. Influenza vaccination has been recommended for health care personnel and has been shown to be effective in protecting patients/residents from influenza illness and complications related to influenza. Increasingly, national professional, health care and infection prevention organizations are strongly recommending that health care organizations require annual influenza vaccination to protect the health and safety of patients/residents, associates, visitors and the community as a whole from influenza infection.

Ascension Texas recognizes exemptions to annual influenza vaccination related to evidence-based medical contraindications. The individual identified below is requesting exemption from influenza vaccination related to evidence-based medical contraindications. Provision of the following information is being required for any HCP requesting a medical exemption.

To be completed by HCP requesting exemption:
(ALL fields must be completed)

Name of Individual Requesting Medical Exemption: \_\_\_\_\_

Associate ID: \_\_\_\_\_ Associate Type: Associate/Contractor/Student/Vendor/LIP
(Circle One)

Worksite: \_\_\_\_\_ Department \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

I understand that should I fail to be vaccinated or granted an exemption, I will have until 11:59 p.m. on December 15, 2018 to comply with the policy or I will be considered to have voluntarily resigned and/or cease providing services.

HCP Signature
(Person Requesting Medical Exemption)

Date

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Please provide supporting medical records signed by a licensed health care provider indicating a condition contraindicated for influenza vaccination. **Failure to provide appropriate documentation will result in delayed processing or a denial of the exemption request.**

Contraindications include:

- Severe allergic reaction (e.g., anaphylaxis)
- History of Guillain-Barre Syndrome within 6 weeks after a previous influenza vaccination
- Medical condition in which licensed provider clearly recommends deferral of influenza vaccination will be considered

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**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_

Date Decision Communicated to HCP: \_\_\_\_\_

Exemption Approved (Circle one):                      Temporary                      Permanent

Exemption Denied