

Medical Exemption from Influenza Vaccination

Name: _____ Date of Birth: _____

Department: _____ **8-DIGIT PENN ID NUMBER**: _____**FOR EMPLOYEES ONLY, FORMS WITHOUT PENN ID NUMBER WILL BE REJECTED AND RETURNED. ****PENN ID NUMBER IS ON THE BACK OF YOUR ID BADGE********Please check one:** Employee Physician/ PA/ NP Volunteer Consultant, Contractor

Dear Physician,

Penn Medicine Princeton Health requires influenza vaccination for all individuals working at our facilities. Routine annual influenza vaccination has been recommended to all U.S. healthcare workers by Centers for Disease Control and Prevention (CDC). The above named individual is requesting an exception from this vaccination requirement.

Penn Medicine Princeton Health will be providing egg-free influenza vaccinations.Please complete the form below.**The above patient should not be immunized for influenza for the following reason:**

- History of severe allergic reaction to the influenza vaccine (**not egg allergies**)
- History of Guillain-Barre Syndrome within six weeks of receiving a previous vaccine
- Other: (please provide this information in a separate narrative)

I certify that _____ has the above contraindication and request medical exemption from the influenza vaccination.

Name of Physician: _____

Signature: _____

Date: _____

Telephone: _____

Please scan this form and **EMAIL** to: PMPH-fluform@pennmedicine.upenn.edu**EMAIL THIS FORM AND CLICK ON THE OUTLOOK "READ RECEIPT" BUTTON IF YOU WANT PROOF THAT THE FORM WAS RECEIVED BY OCCUPATIONAL HEALTH**

Or mail to:

Penn Medicine Princeton Medical Center
Occupational Health
5 Plainsboro Road, Suite 570
Plainsboro, NJ 08536