



Influenza Vaccination Medical Exemption Form

East Carolina University (ECU) annually requires health sciences employees whose duties may require direct patient contact and/or require a presence in a healthcare setting to receive an Influenza vaccination or be granted an exemption through the approved process.

You may request that ECU consider granting you a medical exemption from the influenza vaccination:

1. Because the vaccination is medically contraindicated for you, or
2. Other special documented circumstances you wish to have considered for a medical exemption.

If you are granted a medical exemption, ECU may in its discretion, require you to take other reasonable measures to protect yourself and patients' safety.

EXEMPTION BASED ON MEDICAL CONTRAINDICATIONS

If this vaccination is medically contraindicated due to your medical condition, you must submit a completed exemption request form, along with a Medical Provider Certification form, completed and signed by your healthcare provider. The Medical Provider Certification form should describe the nature, duration, and severity of your medical condition, and an explanation as to why your condition prevents you from receiving the vaccine. Supporting medical documentation must include information that supports the rationale for granting the exemption (i.e., results of an allergy test, documentation of allergic reaction, etc.).

To remain in compliance with ECU's policy and the Comprehensive Influenza Protection Program, a medical exemption request and supporting medical documentation should be submitted to ECU Prospective Health via email at ecumedexemptions@ecu.edu. Employees may request a religious exemption, online at [ECU Office of Equity and Diversity](#) or 252-328-6804. The DEADLINE for submissions is **October 18th, 2023.**

EXEMPTIONS AT ECU HEALTH MEDICAL CENTER

ECU employees who perform duties within ECU Health Medical Center or in other ECU Health facilities must also comply with applicable ECU Health Influenza vaccination requirements. Employees subject to Influenza vaccination requirements at **both** ECU and ECU Health must submit requests for medical and/or religious exemptions to **both** entities unless the employee authorizes ECU to share this exemption request and supporting documentation with ECU Health. ECU and ECU Health may reach different decisions regarding exemption requests and accommodations. Differences in circumstances regarding their respective patient populations and environments may lead to different determinations about whether unvaccinated individuals can safely work in ECU and/or ECU Health clinical spaces.

By checking here, I authorize ECU to share my request for exemption and supporting documentation with ECU Health Medical Center and or other ECU Health facilities where I perform duties in the course of my employment.



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EMPLOYEE SECTION:

Date: _____ Employee Name: _____

Banner ID#: _____ Department: _____

Job Title: _____ Manager: _____

I request an exemption to the ECU Employee Health Policy for the following vaccine:

- Influenza - Inactivated (injection)
- Influenza - Attenuated (nasal spray)
- Flublok-egg free

I have attached and/or will provide supporting documentation to this request. I understand that my failure to submit acceptable medical documentation or information for an exemption before the end of the designated vaccination period may result in my request for an exemption being denied.

My signature on this form is my attestation that I am requesting an exemption in good faith, and the information I am providing or requesting others to provide on my behalf is true and correct to the best of my knowledge and belief. I understand that providing false or misleading information may be grounds for disciplinary action.

Signature: _____ Date: _____

ECU OFFICIAL USE ONLY:

Date Documentation Received: _____

Approved

Denied (reason for denial):

Provider Signature: _____ Date: _____



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Medical Provider Certification Form

Dear Provider:

East Carolina University (ECU) annually requires health sciences employees whose duties may require direct patient contact and/or require a presence in a healthcare setting to receive an Influenza vaccination or be granted an exemption through the approved process. Below is a list of acceptable reasons for a medical exemption from ECU's influenza vaccination requirement. These medical contraindications and precautions are identified by the Centers for Disease Control and Prevention. For ECU to process your patient's request for an exemption, please check the box that corresponds with the applicable medical diagnosis that exempts your patient from receiving this vaccination.

MEDICAL PROVIDER CERTIFICATION SECTION:

MEDICAL CONTRAINDICATION (Please attach any supporting documentation that is pertinent to the selected medical contraindication)

- Severe allergy to any component of the vaccine, excluding egg and/or Thimerosal allergies.
- Severe adverse reaction to a prior vaccination.
- History of Guillain-Barre
- Other: _____

Provider Name (print): _____

Signature: _____ Specialty: _____

Date: _____ Phone: () _____

Address: _____

