Request for **MEDICAL** Exemption
from the Influenza Vaccination
2020-2021

Teammate Name (Please Print)

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Teammate ID Contact Telephone Number

I am requesting a medical exemption from receiving the seasonal influenza vaccine. I have a medical condition that prevents me from getting the vaccine.

Teammate Signature Date

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My patient has a contraindication that warrants a medical exemption from the influenza vaccine. I do hereby attest that this medical exemption is based upon true and accurate medical information that I have as this person's provider. *Atrium Health offers egg free and latex free flu vaccine options.*

Provider Name (Please Print) MD DO PA NP CNM (Circle One)

Provider Signature

Provider Location

Provider Telephone

*Please submit to Teammate Health via PeopleConnect>Tools>eForms> InfluenzaExemption/OtherDesignationForm no later than November 16, 2020*