

Request for MEDICAL Exemption from the Influenza Vaccination  
2018-2019

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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.

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Teammate Signature

Date



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.*

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Provider Name (Please Print)

MD DO PA NP CNM(Circle One)

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Provider Signature

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Provider Location

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Provider Telephone

*Please submit to Teammate Health via PeopleConnect>Tools>eForms>InfluenzaExemption/OtherDesignationForm  
no later than November 9, 2018*