



Statement of Medical Exemption
2016-2017 Influenza Season

Date _____

Printed Name of Individual _____

Please Indicate Status Associate Volunteer Credentialed Professional
Student Contractor

Please Indicate Facility Location(s) _____

Practitioner Attestation of Medical Exemption

Influenza immunization is required by the State of Colorado Board of Health and the Centura Influenza Vaccination Policy for Healthcare Personnel 2016-2017. Every Centura associate, privileged medical and allied health professional, volunteer, student, trainee, and contracted worker entering patient care areas must comply with the regulation. However, if such individuals have a medical contraindication that does not allow them to be vaccinated, they may present a medical exemption and still be in compliance with the Board of Health Rule and Centura policy. Individuals must present a written, signed, and dated statement from a physician, physician assistant, advanced practice nurse, or nurse midwife licensed in the State of Colorado in order to be medically exempted.

Acceptable Medical Exemptions for Influenza vaccination: Please check the applicable exemption below.

- Persons with severe (life-threatening) allergies to components of the influenza vaccine (Other than eggs or egg proteins)
Persons with severe (life-threatening) reaction to previous influenza vaccination
Persons with a history of Guillain-Barre Syndrome
Persons with a medical condition for which health care provider feels vaccination would be life threatening

Please mark one box: This is a temporary [] (or) permanent [] exemption.

Signature of Practitioner _____

Printed name of Practionioner _____

Individual Attestation

I, the undersigned, do hereby request exemption from immunization as recommended by my licensed healthcare provider. I understand that I will be required to wear a mask while engaged in "patient contact" during the 2016-2017 flu season per Centura Influenza Vaccination Policy for Healthcare Personnel. For those with an exemption, masking is required from January 1 to March 31, unless the CDC or CDPHE designates an earlier, later or expanded influenza season or declares an influenza outbreak or pandemic situation.

Signature of Individual _____

Printed name of Individual _____