



INFLUENZA VACCINATION MEDICAL EXEMPTION FORM

Staff Name (please print): _____

Program/Location: _____

Your licensed healthcare provider must complete all fields below.

Exemptions must be completed for each flu season. This exemption expires one year from the date of signature of the healthcare provider.

The completed Influenza Vaccination Medical Exemption Form must be submitted to Human Resource by November 15th along with the Influenza Declination Form.

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|----------------------------|--------------|
| Employee Signature: | Date: |
|----------------------------|--------------|

Exemption Due to Medical Contraindications

Healthcare Provider: Please complete all fields below and state medical rationale for exemption from seasonal influenza vaccine.

- Serious reaction (i.e. Guillain-Barre) or anaphylaxis to previous influenza vaccine (provide Physician documentation of reaction)
- Other reasons. Describe the nature, duration, and severity of the medical condition and why it prevents the employee from receiving the influenza vaccine:

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|---|---------------------------------------|
| Physician Name (Print): | Physician Signature: |
| Phone: | Date: |
| Physician's Office Stamp (REQUIRED): | Provider License # (REQUIRED): |

If you have any questions, please contact Meridian Behavioral Healthcare, Inc. Human Resources Department at HR@mbhci.org

Please return form to: Human Resources via email at HR@mbhci.org , via fax at (352) 224-2741, or in person at 1565 SW Williston Road, Gainesville, FL 32608