



**Influenza Vaccine Exemption Request**  
**2022-2023**

Staff /Contractor Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Contact Phone Number(s): \_\_\_\_\_

Department: \_\_\_\_\_ Position: \_\_\_\_\_

I have read and understand the UConn Health Required Influenza Vaccine Policy and request exemption based on the following:

- Membership in a religion that prevents you from receiving the Influenza vaccine as a matter of faith or doctrine.
- A history of a severe or life-threatening reaction to the influenza vaccine.
- A history of documented neurologic disease compatible with the Guillain-Barre syndrome.

**I understand that written documentation from a recognized authority supporting my request for exemptions must be provided.** I also understand that making this request may or may not affect the Policy's impact on me. If I wish to appeal the decision of the Human Resources, Employee Health and Infectious diseases regarding this request, I must do so within 2 business days of receiving such decision. All requests for appeals must be received as soon as possible but no later than November 30th.

If my request for exemption is denied, I understand that I am required to have an influenza vaccination. If my request for exemption is granted, I understand that UConn Health may impose limitations as deemed appropriate by the Infection Control Committee during the flu season and in accordance with the influenza policy.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date