



## Influenza Vaccine Exemption Request

2021-2022

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 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 30, 2021.

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