

University of Arkansas for Medical Sciences
Request for Medical or Religious Exemption from Influenza Vaccination

Employee Name _____ Date of Birth _____

SAP# _____ Department Name _____

The University of Arkansas for Medical Sciences is mandating influenza vaccination for all of its employees, similar to other required vaccinations such as MMR. Each request for exemption, regardless of the reason, will be evaluated individually by Student Employee Health Services, and if needed, the Office of Human Resources.

Medical exemption _____

I understand that by requesting an exemption due to medical contraindications I am required to provide documentation from my primary care physician. I also understand that the medical exemption must be based on standard criteria for medical exemptions recommended by the Centers for Disease Control and Prevention or Advisory Committees on Immunization Practices.

Religious exemption _____

I understand that by requesting an exemption due to religious beliefs, I am required to provide documentation to support my objection to the immunization for sincerely held religious beliefs. This documentation may include (1) a signed letter from my religious leader/pastor, on official letterhead, verifying my membership and the reasons and/or religious practices that do not support immunization or (2) a statement under oath from me explaining my objection to the immunization and the reasons and/or religious practices that do not support immunization.

I understand that I have 10 business days to obtain the supporting documentation for either the medical or the religious exemption.

I understand that I will receive written notification regarding status of exemption request within five (5) business days after the required documentation has been provided to UAMS Student Employee Health Services.

I understand that if my exemption request is approved I will be recognized as compliant with the mandatory influenza vaccination requirement. Further, I understand that my protected medical and religious information will be kept confidential.

I understand that I will be expected to follow the job duties outlined in my job description and orally communicated to me by my supervisor. I must follow infection control guidelines and care for patients admitted/seen with influenza-like illness as my job duties require. I will follow transmission-based precautions for patients with symptoms of influenza-like illness. I understand that if I develop an influenza-like illness, I must report to Student Employee Health Services for potential work exclusion until resolution of symptoms.

For any questions concerning these exemptions, please contact, Student Employee Health Services at 686-6565, or you may call the Office of Human Resources at 686-5650 regarding policy compliance.

Employee Signature

Date