

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

Employee Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

SAP# \_\_\_\_\_

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/ or the Office of Human Resources.

Religious exemption \_\_\_\_\_

I understand that by requesting an exemption due to religious beliefs I will be required to provide documentation such as a letter from my religious leader/pastor verifying my membership affiliation and the reasons and/or religious practices that do not support immunization.

I understand that I will be provided 10 business days to obtain the supporting documentation for either the medical or 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 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 maintained in my confidential Employee File in Human Resources. This information will not be provided to anyone outside of UAMS Human Resources.

I understand that I will be expected to 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 the Office of Human Resources at 686-5650.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date