

## ATTACHMENT A

### REQUEST FOR INFLUENZA VACCINATION EXEMPTION (MEDICAL)

As a patient safety and healthcare personnel safety initiative, Texas Scottish Rite Hospital for Children (TSRHC) requires all staff members to receive the seasonal influenza vaccine. I am seeking an exemption from the mandatory seasonal influenza vaccine. I understand that I must complete this form, have a physician (not associated with TSRHC, who has examined me or my medical records) complete and sign the Medical Certification for Seasonal Influenza Vaccine Exemption form, and submit both forms to Occupational Health **no later than October 31** in order to have my request considered.

I understand that:

- An exemption may be approved only for documented medical contraindications identified by the Centers for Disease Control and Prevention.
- If my request is not approved or is not timely submitted, I will be required to receive the seasonal influenza vaccination by my start date, if a prospective staff member, or by October 31 if a current staff member, and submit proof of vaccination to Occupational Health by the same date if I receive the vaccination elsewhere. Otherwise, my conditional offer of employment will be withdrawn if I am a prospective staff member or my employment will be terminated if I am a current staff member.
- I do not have the option to choose to wear a mask or undertake other alternative protective measures in place of getting the influenza vaccination if my request for exemption is not approved.
- If my request is approved,
  - I must renew my request annually and submit an updated Medical Certification **no later than October 31** unless Occupational Health has approved a permanent exemption.
  - I must comply at all times with any alternative protective measures imposed by TSRHC to protect the health and safety of patients, their family and visitors, staff members, and volunteers. In general, this means that I must wear a mask at all times when on TSRHC premises (other than when eating) during the designated influenza season.
  - My supervisors or managers and other TSRHC personnel as appropriate, will be notified of the exemption so that alternative protective measures can be implemented and/or my compliance with such measures monitored, and TSRHC reserves the right to take other appropriate measures to ensure my compliance.
  - TSRHC may prohibit me from having contact with patients in the event of a public health disaster.
  - If I fail to comply with all alternative protective measures, I am subject to disciplinary action up to and including termination of employment.
- TSRHC will not take adverse action against me because I in good faith requested or received this exemption; required alternative measures or other actions taken to accommodate the requested exemption are not adverse actions.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**ATTACHMENT B**

**MEDICAL CERTIFICATION FOR INFLUENZA VACCINATION EXEMPTION**

As a patient safety and healthcare personnel safety initiative, Texas Scottish Rite Hospital for Children (TSRHC) requires all staff members to receive the seasonal influenza vaccine. The Centers for Disease Control (CDC) recommends that all healthcare personnel receive the vaccine, and several national professional healthcare and infection prevention organizations have joined that recommendation to help protect the health and safety of patients and their families, staff, and the community as a whole from this serious and sometimes deadly disease.

The CDC has identified only a few, limited situations which are contraindications for the vaccine. TSRHC will allow medical exemptions from required vaccinations only for contraindications identified by the CDC. Vaccination of individuals with an egg allergy is not contraindicated and such individuals may wish to receive the RIV4, which does not contain any egg protein and is approved in individuals 18 years and older and people in this age group who are allergic to eggs. Individuals with a history of severe egg allergy (anything other than hives after exposure to egg) should be vaccinated in a medical setting supervised by a healthcare provider who is able to recognize and manage severe allergic reactions.

Your patient has requested a medical exemption from receiving the seasonal influenza vaccine. Please complete the form to document any contraindications identified by the CDC. If you have any questions please contact Occupational Health RN at 214-559-7809 or Infection Prevention RN at 214-559-8595.

NAME OF PATIENT: \_\_\_\_\_

I recommend that my patient not be vaccinated against influenza because the patient:

I recommend that my patient not be vaccinated against influenza because (check all that apply):

The patient has experienced a severe (life threatening) allergy to a prior dose of a seasonal influenza vaccine (IIV or LAIV). Describe the type of reaction and severity:

---

---

The patient has a severe allergy to a component of the IIV vaccine (Healthcare provider should consult the package insert for vaccine components): Describe the type of reaction and severity:

---

---

Other. Identify the medical contraindication(s); describe the symptoms and severity:

---

---

The medical contraindication is:

Temporary  Permanent

I certify that I have examined the above patient and/or his or her medical records and that the patient has the above contraindication(s). I understand that TSRHC may contact me for additional information/clarification.

Name of Medical Practitioner: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Signature of Medical Practitioner (signature stamps are not acceptable):

---

FOR OFFICE USE ONLY

Received by Occupational Health on following date: \_\_\_\_\_

Reviewed on following date: \_\_\_\_\_

Disposition: \_\_\_ Approved \_\_\_ Not Approved

Filed in Occupational Health File by: \_\_\_\_\_

Requestor was notified of the disposition on the following date and, if approved, provided education and training on wearing a mask: \_\_\_\_\_

**ATTACHMENT E**

**REQUEST FOR VACCINATION EXEMPTION (RELIGIOUS-RELATED)**

As a patient safety and healthcare personnel safety initiative, Texas Scottish Rite Hospital for Children (TSRHC) requires all staff members to be vaccinated for Influenza, Measles/Mumps/Rubella (MMR), Varicella Zoster (Chicken Pox), and Tetanus Diphtheria Pertussis (Tdap). All of these vaccines have been recommended by the Centers for Disease Control (CDC) for health care personnel, and several national professional healthcare and infection prevention organizations have joined that recommendation to help protect the health and safety of patients and their families, staff, and the community as a whole from these serious, preventable diseases. TSRHC permits exemptions from a mandatory vaccine where a staff member holds a sincere religious belief in opposition to receiving the vaccine. I understand that the HBV vaccination is not mandatory and I may decline the vaccination for any reason without seeking an exemption by signing the declination form provided by the Hospital.

I am requesting exemption from the following vaccines based on a sincerely-held religious belief (check all that apply):

- Influenza             Measles/Mumps/Rubella (MMR)             Varicella Zoster (Chicken Pox)
- Tetanus Diphtheria Pertussis (Tdap)

Please explain the nature of your belief or the principles that guide your objection to receiving the indicated vaccine(s). If you are not objecting to receiving all vaccines, please indicate the basis for your opposition to the indicated vaccine(s), if different. You may, but are not required, to identify a particular religion that you are an adherent of, a religious tenant that you are guided by, or attach supporting material. Submit additional pages if needed.

---



---



---



---



---



---

I understand that I must complete this form and submit it to Occupational Health no later than [OH to insert date] in order to have my request considered.

I understand that:

- If my request is not approved or is not timely submitted, I will be required to receive the vaccination(s) by my start date, if a prospective staff member, or by the designated date if a current staff member, and submit proof of vaccination to Occupational Health by the same date if I receive the vaccination elsewhere. Otherwise, my conditional offer of employment will be withdrawn if I am a prospective staff member or my employment will be terminated if I am a current staff member.

- If my request is approved,
  - I must renew my request annually and submit it by the requested return date unless Occupational Health has approved a permanent exemption or otherwise excused me from this requirement.
  - I must comply at all times with any alternative protective measures imposed by TSRHC to protect the health and safety of patients, their family and visitors, staff members, and volunteers.
  - My supervisors or managers and other TSRHC personnel as appropriate, will be notified of the exemption so that alternative protective measures, if any, can be implemented and/or my compliance with such measures monitored, and TSRHC reserves the right to take other appropriate measures to ensure my compliance.
  - TSRHC may prohibit me from having contact with patients in the event of a public health disaster.
  - If I fail to comply with all alternative protective measures, I am subject to disciplinary action up to and including termination of employment.
- TSRHC will not take adverse action against me because I in good faith requested or received this exemption; required alternative measures or other actions taken to accommodate the requested exemption are not adverse actions.

By my signature below, I affirm that receiving the identified vaccine(s) would violate my sincerely held religious beliefs and that it is those beliefs – not scientific, ethical, cultural, or medical objections – that are the basis for this request.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE ONLY

Received by Occupational Health on following date: \_\_\_\_\_

Reviewed on following date: \_\_\_\_\_

Disposition:  Approved  Not Approved

Filed in Occupational Health File by: \_\_\_\_\_

Requestor was notified of the disposition on the following date and, if approved, provided education and training on any required alternative protective measures:

\_\_\_\_\_