

Mandatory Seasonal Influenza Vaccination (2023-2024)

Last Name <u>Purcell</u>		First Name <u>Jessica</u>	
Date <u>04/24/2024 16:40 MST</u>	Date of Birth <u>03011989</u>	Department <u>MedSurg / ACN</u>	
Select One: <input type="checkbox"/> IHS Employee <input type="checkbox"/> Commissioned Corps <input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Volunteer <input type="checkbox"/> Student			

Screening Questions	Yes	NO
1. Are you allergic to eggs?		X
2. Are you allergic to the Flu vaccine?		X
3. Are you allergic to thimerosal?		X
4. Are you allergic to latex?		X
5. Do you have a fever or active illness?		X
6. Have you ever had Guillain-Barre syndrome?		X

☐ EHR ☐ EH Database

EHR chart / DOB

Select (one ONLY):

☐ **Influenza Vaccine Acceptance:**
My signature confirms I have no known history or reasons why I cannot receive the seasonal influenza vaccine. I have received, read, or had explained to me the “Influenza Vaccine Information Statement (VIS) 8/6/2021” and have had the opportunity to ask questions and had them answered to my satisfaction. I understand the benefits and risks of the vaccine. I request that I be given the seasonal influenza vaccine.
Signature _____

Individuals requesting a Medical or Religious Exemption

☐ **Medical Exemption:**
My signature confirms that I request a medical exemption and understand that I must provide documentation signed by a licensed independent practitioner that confirms a valid medical contraindication exists that precludes the influenza vaccine by October 31st of each year. Employee Health/Infection Control has the responsibility to review, approve or deny requests in accordance with ACIP recommendations.
Medical Appeals: In the event the request for medical exemption is denied by Employee Health/Infection Prevention, the employee will receive written justification for the denial and must receive the influenza vaccination within 2 calendar weeks of the denial notification. The employee has the right to appeal the decision. The review and adjudication of appeals will be conducted by the facility’s Clinical Director or Service Unit Medical Officer. Secondary appeals can be made to the Area Chief Medical Office. Third and Final appeals can be made to the IHS Chief Medical Officer/Designee.
Signature _____ (For Employee Health Use: Exemption Submitted) _____

☒ **Religious Exemption:**
My signature confirms that I request a religious exemption and understand that I must provide a signed written statement justifying the request by October 31st of each year. Employee Health/Infection Control has the responsibility to review, approve or deny requests.
Religious Appeals: In the event the request for religious exemption is denied by Employee Health/Infection Prevention, the employee has the right to appeal the decision. Review and adjudication of appeals will be conducted by the facility’s Chief Executive Officer (CEO). Secondary appeals can be made to the Area Director. Third and final appeals can be made to the IHS Chief Medical Officer/Designee.
Signature Jessica Carlene Purcell (For Employee Health Use: Exemption Submitted) _____

Mask Requirement: Unvaccinated HCP with an approved medical or religious exemption must wear and IHS-provided surgical or procedure mask during influenza season in all areas except in the Administration Office and the Warehouse. Influenza season is defined as November 1 – March 31 and may include other periods of increased levels of influenza activity as determined by the CDC and /or state public health authorities.

Compliance: Failure to comply with the policy is subject to disciplinary action in accordance with the Department of Health and Human Services and /or IHS Policy and relevant sections of collective bargaining agreements as applicable. Non-compliance will be shared with first line supervisors.

Influenza Vaccine Date:	Vaccine Administrator
Complete: <input type="checkbox"/> Left Delt IM 0.5ml <input type="checkbox"/> Right Delt IM 0.5ml	Signature of Person Administering Vaccination
Manufacturer _____	
Lot # _____ Expiration Date: _____	
Vaccine Information Statement 8/6/2021	

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Religious Exemption – Written Statement

please
provide a
very brief
statement in
the box below

I am baptized in the Roman Catholic Church requesting exemption from the influenza immunization requirement. I have deep moral belief that I am injecting ingredients into my body that cannot be confirmed to be against what I believe is morally correct. The Catholic Church does support and does not prohibit vaccination, but states "that a person may be required to refuse a medical intervention, including a vaccination, if his or her informed conscience comes to this sure judgment." Based upon my conscience and concerns I am requesting to not be required to be vaccinated.

Respectfully,

Jessica Purcell

DocuSigned by:

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04/24/2024 | 16:40 MST