



## Exemption from Seasonal Influenza Vaccination for Medical Contraindication

Sun Health requires that I receive a seasonal influenza vaccination to protect myself and others. *Only evidence-based medical contraindication against seasonal influenza vaccination confirmed by a licensed health care provider (MD, DO, PA or NP) will be accepted as an exemption to the mandatory influenza policy. Medical contraindication must be re-assessed each year and an updated exemption form must be completed and submitted yearly.*

This Medical Exemption form must be completed by the team member's medical provider (MD, DO, PA or NP) and submitted to Sun Health Human Resources, in person or emailed to [HRSupport@sunhealth.org](mailto:HRSupport@sunhealth.org).

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I request to be exempted from the seasonal influenza vaccination due to a medical contraindication.

I understand that because I work in a health care environment, I may place residents and co-workers at risk if I work while infected with the influenza virus.

I understand that since I have been exempted from the influenza vaccination that I will be required to wear a mask upon entry to all Sun Health locations and resident homes. My mask must be worn at all times during my scheduled shift, except while eating in a designated break room, for the duration of the influenza season (**December 1, 2022** through **March 31, 2023** – end date subject to extension). I understand that masking is required to support the infection prevention policies and practices at Sun Health.

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_____	_____	_____
Name (print)	Location and Department	Signature
_____	_____	
Date	Supervisor's Name (print)	

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THIS SECTION SHOULD BE COMPLETED BY THE TEAM MEMBER'S PHYSICIAN (MD, DO, PA or NP)



I have read the vaccine information provided, evaluated \_\_\_\_\_ and attest that this team member has one or more of the medical contraindications to **inactivated** influenza vaccination listed below.

- Documented severe allergy to eggs or egg products
- Personal history of Guillan-Barré Syndrome within 6 weeks of receiving influenza vaccine
- Severe allergic reaction to previous influenza vaccine

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_____	_____	_____
Medical Provider (MD, DO, PA or NP) Name (print)	Date	Phone
_____		
Provider (MD, DO, PA or NP) Signature		

Questions regarding medical contraindications? Call your local Human Resources representative.



**Provider Fact Sheet:** Guidelines for determining appropriateness of vaccine for Sun Health Team Members

**Information Source:** Centers for Disease Control

**Recommended populations for receiving the vaccine:** All individuals 6 months of age or older should receive the vaccine unless they have one of the following contraindications:

1. Persons with severe (life-threatening) allergies to eggs or to other components of the influenza vaccine.
2. A history of Guillain-Barré Syndrome within six weeks following a previous dose of influenza vaccine.

If a person has had a previous contraindication due to a reaction to the vaccine, but still desires to get the influenza vaccine, they should discuss it with their primary healthcare provider. Components of the vaccine as well as the amount of egg protein have changed in the modern vaccine. This may decrease the risk of a future severe reaction.

**High Risk Populations that should receive the vaccine:**

1. Those at high risk of contracting influenza and developing complications secondary to influenza infection: Patients in this category would include pregnant women and patients with autoimmune disorders, diabetes, cancer, chronic medical conditions and HIV/AIDS.
2. Those at high risk of developing complications secondary to influenza infection: Children 6 months to 4 years, patients with asthma, those aged 50 and older, morbidly obese patients, and patients with cardiovascular diseases.

**Vaccine type:**

1. Injection: Inactivated (killed virus) - “The flu shot” (TIV) is appropriate for all individuals receiving the influenza vaccine. Individuals over the age of 65 years old would be eligible for the high dose injection of the inactivated virus.
2. Intranasal: Live attenuated virus – This vaccine is recommended for healthy residents. The intranasal spray (LAIV) is contraindicated for those groups of patients that have incompetent immune systems. These groups would include patient with autoimmune conditions, patients with cardiovascular, (except isolated hypertension), renal, hepatic, neurologic/neuromuscular, hematologic or metabolic disorders, patients on immunosuppressive medications, patients with either a history of cancer or an active diagnosis of cancer, pregnant women, and patients with diabetes.
3. **All injectable vaccine provided by Sun Health is Thimerosal/preservative free.**

**Vaccine response:**

1. Antibody response: On average, after receiving the vaccine, it takes 2 weeks to establish an immune response.
2. Timing: It is recommended to get the vaccine as early as possible after it becomes available to ensure that immunity is established prior to the beginning of the influenza season.
3. Sun Health is requiring that all team members receive the vaccine prior to Nov. 1<sup>st</sup> each year.