



LONGSTREETCLINIC
Your Health. Our Specialty.

Influenza Vaccination Medical Exemption Request Form

To be completed by requestor's personal health care provider

Patient Name: _____ Date of Birth: _____

Longstreet Clinic is committed to protecting our patients, health care personnel and the community from the flu. Our influenza vaccination safety initiative requires our health care personnel to receive an annual influenza vaccine, unless they are granted an exemption based on religious or medical reasons. Your patient is requesting a medical exemption from receiving the Influenza Vaccine for the **2022-2023** season. Medical exemptions are granted for recognized contraindications.

Please clarify your patient's contraindications to the Influenza Vaccine:

Please indicate the duration of the medical exemption, and if and when vaccine can be safely administered. (Exemption can last for a maximum of one year, and a new form must be completed annually if medical exemption still applies.)

- ☐ Medical exemption is long-term. Estimated date to re-evaluate _____
- ☐ Medical exemption is temporary (<1 year), and resolution is anticipated by _____
- ☐ Medical exemption is pregnancy, and Estimated Date of Delivery is _____
- ☐ History of Guillan- Barre Syndrome
- ☐ Allergic Reaction: Please describe:

Provider's Signature _____ Date _____

Provider's Name _____ Phone _____

-----EMPLOYEE INSTRUCTIONS -----

PLEASE RETURN COMPLETED FORM TO:

flu@longstreetclinic.com or fax to 770-533-4786

Retain a copy of this form in the event the fax fails to deliver.