



LONGSTREETCLINIC
Your Health. Our Specialty.

Influenza Vaccination Religious Exemption Request Form

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. Religious exemptions will be granted if a vaccination violates the tenets of a sincerely held religious belief.

Please read the following:

- Influenza is a serious respiratory disease that kills an average of 36,000 persons and hospitalizes more than 200,000 persons in the United States each year.
- Influenza vaccination is recommended for me and all other health care personnel to protect our patients from influenza disease, its complications and death.
- If I contract influenza, I will shed the virus for 24 to 48 hours before influenza symptoms appear. My shedding the virus can spread the influenza disease to patients in this facility and to my colleagues and family.
- If I become infected with influenza, even when my symptoms are mild or non-existent, I can spread severe illness to others.
- I understand that the strains of the virus that cause influenza infection change almost every year, which is why a different influenza vaccination is recommended each year.
- I understand that I cannot get influenza from the influenza vaccine.
- The consequences of my not being vaccinated could have life-threatening consequences to my health and the health of those with whom I have contact, including:
 - Patients utilizing our services
 - My family
 - My co-workers
 - My community

I am requesting an exemption from the required influenza vaccine for the following sincerely held religious beliefs. I am aware that this is an annual religious exemption request, and must be submitted every year.

-----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.