

# Beaumont

## Influenza Vaccine: Medical Exemption Statement **2021 - 2022**

Name \_\_\_\_\_ Physician/Employee ID \_\_\_\_\_

Phone # \_\_\_\_\_ Last 4 digits SS# \_\_\_\_\_ Birthdate \_\_\_\_\_

Location: ☐ Grosse Pointe ☐ Royal Oak ☐ Troy ☐ Corporate ☐ Farmington Hills

☐ Dearborn ☐ Taylor ☐ Trenton ☐ Wayne ☐ Other

☐ Ambulatory (Integrated Health Services)

### Medical conditions in which the influenza vaccine is contraindicated include:

- Severe allergic reaction after previous dose of influenza vaccine or to one of its components.  
☐ Yes ☐ No
- Severe reaction to the vaccine such as documented fever  $\geq 101^{\circ}\text{F}$  or significant cellulitis after vaccination.  
☐ Yes ☐ No
- Prior or current history of Guillain Barre Syndrome.  
☐ Yes ☐ No
- Other  
☐ Yes ☐ No

**Presence of a moderate to severe acute illness is NOT a contraindication; the vaccine should be deferred (until symptoms have abated).**

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A Michigan licensed physician (MD or DO) must complete this medical exemption statement and provide their information below.

Name (print) \_\_\_\_\_ MI Medical License # \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

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

**For Facility Use ONLY** Medical Exemption Status ☐ Accepted ☐ Not Accepted

Date \_\_\_\_\_ Reason \_\_\_\_\_

Please scan completed form to [EHSFLU@beaumont.org](mailto:EHSFLU@beaumont.org)