Yale University Patient and Human Research Subject Facing Staff

Influenza Vaccination Medical or Religious Waiver Form

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth date (Month/Day/Year): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**(Please print clearly)**

Department: Net ID:

I have been offered the influenza vaccine and have had a chance to ask questions about the vaccine and Yale’s mandatory influenza vaccination policy, which were answered to my satisfaction. I acknowledge that I am aware of the following facts:

* Influenza is a serious respiratory disease that kills more than 20,000 people, and hospitalizes more than 200,000 in the United States each year.
* Influenza vaccination is recommended for me and for all other healthcare workers to protect our patients from influenza disease, and its complications, including death.
* If I contract influenza, I will shed the virus for 24-48 hours before influenza symptoms appear. My shedding the virus can spread influenza disease to patients at Yale Health.
* 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 influenza that cause influenza infection change almost every year, which is why a different influenza vaccine is recommended each year.
* I understand that I cannot get influenza from the influenza vaccine.
* The consequences of my refusing to be vaccinated could have life-threatening consequences to my health and the health of those with whom I have contact, including:
  + My patients and other patients at Yale Health
  + My coworkers
  + My family
  + My community

# Despite these facts, I am requesting a waiver from vaccination for one of the following reasons:

* I have a medical contraindication to the vaccine. **Please attach documentation of the contraindication from your medical provider. If you have previously submitted this documentation to Employee Health, check here □.**
* The vaccine would be contrary to my religious beliefs. **Please attach a statement indicating that immunization would be contrary to your religious beliefs.**

Further, I understand that employees who are not vaccinated against influenza because they received a medical or religious waiver may be subject to reassignment or additional PPE requirements during the influenza season in the event of widespread illness. I understand that I can change my mind at any time and receive the influenza vaccination free of charge at Yale Health if the vaccine is available.

I have read and fully understand the information on this form.

# Scan your completed forms as a PDF and email them to: [campushealthcompliance@yale.edu](mailto:campushealthcompliance@yale.edu)

Signature: Date: