Influenza Vaccination Medical or Religious Waiver Form 2023-24

For Undergraduate, Graduate, and Professional Students

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

**(Please print clearly)** **Month** **Day** **Year**

Student ID No.: \_\_\_\_\_\_\_\_\_\_\_ 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 students to protect other members of the campus community 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 other community members.
* 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.

**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.**

□ 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 students who are not vaccinated against influenza because they received a medical or religious waiver may be required to attend classes and other events remotely 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.

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

**Scan your completed forms as a PDF and email them to us at immunization@yale.edu**