

# MEDICAL EXCEPTION FROM INFLUENZA VACCINATION

PLEASE PRINT THE FOLLOWING INFORMATION



Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Dear Physician:

A medical exception from influenza vaccination is allowed for certain recognized contraindications. See: CDC MMWR Early Release 2011; Vol. 60 online at: <http://www.cdc.gov/mmwr/pdf/wk/mm60e0818.pdf>  
Please complete the form below.

Thank you.

**The above person should not be immunized for influenza for the following reasons:** Check all that apply.

- History of previous allergic reaction and documented allergy testing to indicate an immediate hypersensitivity reaction to the influenza vaccine or a component of the vaccine.  
**Please attach supporting DOCUMENTATION or MEDICAL RECORDS.**
- History of Guillain-Barre Syndrome within six weeks of receiving a previous vaccine.  
**Please provide and attach a detailed narrative that describes the event.**
- Other - Please provide this information in a separate narrative that describes the exception in detail. These requests will be reviewed on a case-by-case basis.

I certify that \_\_\_\_\_ has the above contraindication and request a medical exception from influenza vaccination.

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

(Note: Signature Stamp Not Acceptable)

Physician Medical License No.: \_\_\_\_\_

I, \_\_\_\_\_, certify to wear a mask at all times while in any Johns Hopkins Patient or Clinical Care Area within six (6) feet of any patient during the flu season.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE FAX, E-MAIL OR MAIL TO: The Johns Hopkins Health Corporation  
Facilities, Design and Construction  
Orleans Street Garage  
1795 Orleans Street/Level 5/Trailer A/Training  
Baltimore, MD 21287  
Fax (410) 614-7765  
[terfor@jhmi.edu](mailto:terfor@jhmi.edu)

12/6/2013