

# Immunization Exemption Request for University of Utah Health

Submit completed form to email: [employee.health@hsc.utah.edu](mailto:employee.health@hsc.utah.edu)

Name (Print): \_\_\_\_\_ UID: \_\_\_\_\_ Phone: \_\_\_\_\_ Expected start date: \_\_\_\_\_

Personal email address: \_\_\_\_\_ Department: \_\_\_\_\_ Supervisor: \_\_\_\_\_

## ACKNOWLEDGMENTS

U of Utah Health expects all employees, clinical students, faculty, travelers and volunteers to receive required immunizations to protect themselves, our patients, our workforce and our community.

- New hire candidate/travelers/volunteer exemption requests must be approved prior to the start date. Exemptions take time to process, and may delay start date.
- If you receive an offer of employment, and you are in need of an exemption, please request this as early as possible.
- Due to our public health obligation, only limited exemptions are allowed including documented medical contraindications or documented religious beliefs that object to vaccinations.
- Exemption requests will be evaluated on an individual basis, taking into consideration the individual's position, where they will be working, the safety of patients and other staff, the specific patient population in that work area, and whether an accommodation is available that supports the requestor as well as patient and staff safety. Not all exemption requests are approved.
- Candidates whose exemption requests are not approved may have their offer of employment rescinded; however, they remain eligible to submit an application for other open positions.
- All healthcare workers (including non-clinical workers) are expected to receive the required immunizations indicated in the U of Utah Health Immunization Policy.
- The influenza vaccination is required annually because the strains of influenza virus can change each year and because immunity weakens over time.
- Because I am a healthcare worker, if I am not vaccinated, I may transmit Measles (Rubeola), Mumps, Rubella, Varicella (chicken pox), Pertussis, Diphtheria, SARS-CoV-2, Hepatitis B, and/or Influenza to my patients and other healthcare workers, as well as to

my family and friends, even if I have no symptoms.

- If I become infected with Measles (Rubeola), Mumps, Rubella, Varicella (chicken pox), Pertussis, Diphtheria, SARS-CoV-2, Hepatitis B, or Influenza, even if my symptoms are mild or not noticeable, I can spread severe illness to others, particularly to those in a U of Utah Health facility who are at high risk for disease complications.
- I have received education about the effectiveness of the required vaccines as well as possible side effects.
- I have been given the opportunity to be immunized at no charge to myself.
- The Influenza Exemption Request is only valid for one year; a new request must be submitted annually, unless otherwise notified. Seasonal flu vaccination exemption requests must be submitted to Work Wellness no later than October 31
- If I am exempt from receiving an immunization, I may be required to use personal protective equipment as assigned by my manager and may be required to undergo ongoing surveillance testing and more restrictive furlough if exposed.
- Failure to comply with these requirements will result in disciplinary action up to and including termination.
- In the event of an outbreak of a disease for which I have not been immunized, I may be taken off the work schedule until such time that conditions have changed and I can return to work safely.
- I acknowledge that my scope of practice might be limited if I am unable to be vaccinated.
- If I have an unprotected exposure to an infectious disease for which I am not immunized, or if I develop symptoms of illness, I will contact Work Wellness at 801-581-2227 for further instructions. I acknowledge that I might be placed on leave or have my scope of practice limited if I am unimmunized and potentially infectious to others.

**I have read the above information and am applying for an exemption by completing the required documentation identified on this form:**

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

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

I AM REQUESTING AN EXEMPTION FROM THE FOLLOWING VACCINE(S):

- Influenza       MMR       Varicella       Hepatitis B       Td       Tdap

REASON FOR A REQUEST FOR EXEMPTION (requires completion of the relevant form and may need to provide additional relevant documentation):

- MEDICAL  
 RELIGIOUS

**REQUEST FORM FOR MEDICAL EXEMPTION (INCLUDES TEMPORARY MEDICAL DEFERRALS)**

A qualified healthcare provider signature (such as MD, DO, nurse practitioner, or physician assistant) is required to validate a medical contraindication or precaution that does not allow the immunization/vaccination. No other signature is acceptable.

**To be filled out by physician, PA, or NP/APRN:** In the space below, please answer **ALL** of the questions. Please be as specific and provide as much detail/information as possible. For guidance on medical contraindications, see the CDC/ACIP Contraindications and Precautions at: <https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html>

**Exemption or Deferral Request for:**     Influenza         MMR         Varicella         Hepatitis B         Td         Tdap

Patient Name, DOB \_\_\_\_\_

Specific contraindication or precaution/medical condition\*: \_\_\_\_\_

1. Date of contraindication/reaction/condition\* (include a due date if the condition is pregnancy): \_\_\_\_\_

2. Description of reaction to vaccine or vaccine component\* (indicate what vaccine or vaccine component, and list of symptoms):

\_\_\_\_\_

3. Time from vaccination to start of reaction/condition: \_\_\_\_\_ Duration of symptoms of reaction/condition to receiving the vaccine: \_\_\_\_\_

4. Correlation of reaction/condition to receiving the vaccination\*: \_\_\_\_\_

5. If requesting a temporary exemption, date at which the temporary exemption should expire: \_\_\_\_\_

\*Insufficient information or providing medical conditions that are not approved contraindications or precautions will result in request for further information and/or denial of exemption.

**Provider attestation: I understand that I may be contacted to discuss this case. I understand that as an employee working in a healthcare organization, this individual's scope of practice may be limited if they provide care to high-risk patients, or they may be placed on leave if they are exposed to an infectious disease and do not have immunity. In my medical opinion, this patient should not receive the vaccine(s) at this time.**

Provider signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider Name (print): \_\_\_\_\_ Credentials: \_\_\_\_\_

Practice Location (with city and state): \_\_\_\_\_ Phone: \_\_\_\_\_

**REQUEST FORM FOR RELIGIOUS BELIEF EXEMPTION:**

I am applying for an exemption based on religious belief.

Exemption Request for:    Influenza       MMR       Varicella       Hepatitis B       Td       Tdap

I have attached:

Documentation from my religious leader of a specific religious tenet that is in conflict with my receiving the immunizations/vaccinations

OR

My detailed account and statement of my religious tenet that is in conflict with my receiving the immunizations/vaccinations. Please type or print legibly.

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## **New Hire Candidate/Volunteer/Traveler Important Exemption Information**

If you are a new hire candidate or volunteer, to help ensure that your exemption request is processed in a timely manner and there is minimal delay in beginning your employment or volunteering, the following **MUST** be completed:

- ❑ Acknowledgement section of the exemption request form must be signed.
- ❑ For all medical exemptions, medical exemption must be filled out and signed by a medical doctor (MD) or a doctor of osteopathy (DO), a physician assistant (PA), or a nurse practitioner (NP or APRN). Any other credentialing will not be accepted.
- ❑ For all religious exemption requests a religious tenet must accompany the form.
- ❑ Exemption requests must be completed prior to attending new employee orientation, working or volunteering. .
- ❑ If exemption requests are received after you start working or volunteering, per the Immunization Policy you may be suspended and may be subject to disciplinary action up to and including termination.
- ❑ If you are pregnant you will need to apply for a temporary exemption for varicella (chicken pox), and MMR vaccines, and possibly for the Tdap vaccine.
- ❑ Include a valid, legible email address on the exemption request form. This is how you will be notified of the committee decision in regards to your exemption request.
- ❑ If your exemption request is denied, you have the option to submit additional information, receive the vaccination (s), or decline the job offer.
- ❑ All exemption requests should be submitted via fax to 801-585-2222 or email to [employee.health@hsc.utah.edu](mailto:employee.health@hsc.utah.edu).
- ❑ It is your responsibility to ensure that the form has been received. If you have not heard anything regarding your exemption request prior to your start date, you should notify your recruiter immediately.