



REQUEST FOR MEDICAL EXCEPTION FROM INFLUENZA VACCINATION

PLEASE PRINT THE FOLLOWING INFORMATION:

Name: _____

Date of Birth: ____ / ____ / ____

E-mail: _____

Phone: _____

School: _____

Provider Name: _____

Provider Phone: _____

Have you ever been granted a medical exception for the flu vaccine through Student Health? YES NO
If YES, please list years _____ (Note: No additional documentation is required)
If NO, please have provider complete below.

Dear Provider:

For the safety of our staff, faculty, medical providers, trainees, students and patients, a mandatory flu vaccination policy is in effect across Johns Hopkins University and Medicine. The above named person is requesting an exception from this vaccination requirement. A medical exception from influenza vaccination is allowed for certain recognized contraindications ([CDC MMWR Early Release 2011; Vol. 60](#)).

Please complete the form below. Should you have any questions, please contact Johns Hopkins Student Health and Wellness Center at 410-516-8270. Thank you.

The above person should not be immunized for influenza for the following reasons (Please 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(s) and request a
(Patient Name)
medical exception from influenza vaccination.

Provider Signature: _____
(Note: Signature Stamp Not Acceptable)

Date: ____ / ____ / ____
Provider License No: _____

PLEASE FAX, E-MAIL OR MAIL THIS TO THE JHU STUDENT HEALTH & WELLNESS CENTER

1 East 31st Street, N200
Baltimore, MD 21218

Office 410.516.8270 / Fax 410.516.4784
E-mail: rkessle5@jhu.edu

DESIGNATED OFFICE USE ONLY:
Medical Exception Approved on: ____ / ____ / ____ Approving Staff Signature: _____