



Kennedy Krieger Institute

707 North Broadway
Baltimore, MD 21205

**APPENDIX A:
INFLUENZA VACCINE DECLINATION STATEMENT**

Name: _____

Department: _____

Supervisor: _____

Employee

Declination of Annual Influenza Vaccination:

- I understand that due to my occupational exposure, I may be at risk of acquiring influenza infection. In addition, I may spread influenza to my patients, co-workers, and my family, even if I have no symptoms. This can result in a serious infection, particularly in persons at high risk for influenza complications.
- I have received education about the effectiveness of influenza vaccination as well as the adverse events. I have also been given the opportunity to be vaccinated with influenza vaccine, at no charge to myself. However, I decline the influenza vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring influenza, potentially resulting in transmission to my patients, co-workers and family. If in the future I want to be vaccinated with influenza vaccine, I can receive the vaccine at no charge to me.
- I attest that I will wear a mask at all times when entering a clinical building the duration of the influenza season (as identified by KKI Infection Control) if I do not receive the influenza vaccine.

Please check all that apply. All forms must be completed and returned to Employee Health Office.

Reason for declining:

___ I request a medical exemption

___ I request a religious exemption

Signature: _____

Date: _____

DESIGNATED OFFICE USE ONLY:

Declination Statement Received On: ___/___/___

Receiving EH RN Signature: _____



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Appendix B: CRITERIA FOR MEDICAL EXEMPTION

Medical exemptions include:

1. Severe allergy to eggs or vaccine components
2. Guillain-Barre within six weeks of receiving an influenza vaccine.

Employee's primary care physician (PCP) will evaluate the allergy history and determine a course of action based on the severity.

- Those individuals who are able to eat eggs, cake or foods with egg protein without reaction may receive the vaccine.
- Individuals who have experienced less severe reaction to egg (e.g. hives only) may receive influenza vaccine at his/her PCP office with the following additional measures:
 - Killed influenza vaccine formulation (TIV) should be used; preferably vaccines with less than 0.12 mcg of egg protein should be administered.
 - Patients should be observed for 20-30 minutes for signs of a reaction following administration of each vaccine dose.

If the employee's PCP determines that there is a history of a severe allergic reaction to the vaccine or its components, the employee should follow up with an allergist. A severe allergy would include those persons who report having had serious reactions to egg involving such symptoms as angioedema, respiratory distress, lightheadedness, or recurrent emesis; or, who require epinephrine or other emergency medical intervention, particularly those that occurred immediately or within a short time following egg exposures (minutes to hours). Such individuals are more likely to have a serious systemic or anaphylactic reaction upon re-exposure to egg proteins. The employee's allergist will determine if he/she should receive the vaccine based off a risk assessment. If the allergist determines the employee is exempt from the influenza vaccine, then the allergist must complete the **Influenza Vaccine Medical Exemption Form**.

If the employee reports a history of Guillain-Barre within six weeks of receiving an influenza vaccine, the employee should provide documentation of this or follow up with a neurologist. If the employee's PCP can provide documentation of Guillain-Barre within six weeks of receiving an influenza vaccine, the employee's PCP should complete the **Influenza Vaccine Medical Exemption Form**. If the employee's PCP is unable to provide this documentation, a neurologist with expertise in this area must be consulted to complete the form.



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APPENDIX C:
INFLUENZA VACCINE MEDICAL EXEMPTION FORM

Name: _____

Department: _____

Physician Name: _____

Supervisor: _____

Physician Phone: _____

[] Employee

Dear Physician:

Kennedy Krieger Institute requires influenza vaccination similar to other required vaccinations such as MMR and varicella. For decades influenza vaccinations have been recommended for healthcare workers and those working in a healthcare facility because they have been shown to be effective in reducing the incidence of influenza in inpatient populations. Influenza vaccination has also been recommended in pregnancy by the Centers for Disease Control to protect pregnant women (who are at increased risk of severe disease) and to protect the baby after it is born. A medical exception from influenza vaccination is allowed for certain recognized contraindications (CDC MMWR Early Release 2011; Vol 60. Available online: http://www.cdc.gov.mmwr.pdf/wk/mm60e0818.pdf). Please complete the form below and return it to the Employee Health Office, room 230, 707 N Broadway, Baltimore, MD 21205. Should you have any questions, please contact the Employee Health Office at (443) 923-9426.

Please indicate which exemption the employee should be considered for by checking the appropriate line and completing an in-depth narrative for that exemption reason. Clarification from the requesting employee and physician may be requested.

The above employee should not be immunized for influenza for the following reason.

_____ History of previous severe allergic reaction and documented allergy testing to indicate an immediate hypersensitivity reaction to the influenza vaccine or a component of the vaccine.

_____ History of Guillain-Barre Syndrome within six weeks of receiving a previous vaccine.

_____ Other-Please provide this information in a separate narrative that describes the exemption in detail (these requests will be reviewed on a case-by-case basis).

I certify that _____ has the above contraindication and request a medical exemption from the influenza vaccination.

Physician Signature _____ Medical License #: _____ Date: _____

(Note: Signature Stamp Not Acceptable)

DESIGNATED OFFICE USE ONLY:

Medical Exemption Approved On: ____/____/____

Approving MD/EH RN Signature: _____



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**APPENDIX D:
INFLUENZA VACCINATION RELIGIOUS ACCOMODATION FORM**

Name: _____

Date of Request: _____

Department: _____

Supervisor: _____

Employee

The Kennedy Krieger Institute (KKI) is committed to promoting a diverse work environment and inclusiveness of all our employees. KKI has mandated that all personnel be vaccinated against influenza. To consider your religious reason exemption request from the influenza vaccine, please provide the following information:

To Be Completed by Employee (additional sheets may be used, if necessary)

“Because the mandatory vaccination conflicts with my sincerely held religious beliefs and practices or membership in a church or religious body, I decline the influenza vaccination at this time”

Name of Religious Belief, Church or Religious Body: _____

Signature: _____ Date: _____

Religion Tenet(s) Documentation:

In some cases, KKI will need to obtain documentation or other authority regarding your religious practice or belief. We may need to discuss the nature of your religious belief(s), practice(s) and accommodation with your religion’s spiritual leader (if applicable) or religious scholars to address your request for exemption.

If requested, can you obtain documentation or other authority to support the need for an exemption based on our religious practice or belief? **Yes** _____ **No** _____

Verification and Accuracy:

I verify that the above information is complete and accurate to the best of my knowledge and I understand that any intentional misrepresentation contained in this request may result in disciplinary action.

I also understand that my request for an exemption may not be granted if it is not reasonable or if it creates an undue hardship for Kennedy Krieger Institute.

Signature: _____ Date: _____

Summary of Next Steps:

1. This request will be reviewed with you and acknowledged by Human Resources.
2. You will be notified of the decision regarding your requested exemption.

3. If you are granted a religious exemption, you will be required to wear a surgical mask during the influenza season when entering a clinical building during the influenza season (as identified by KKI Infection Control).
4. If you disagree with the decision regarding your request, please contact the Human Resources Department for assistance at 443-923-5800.

DESIGNATED OFFICE USE ONLY:

Religious Accommodation Received On: ____/____/____

Approving Human Resources Signature: _____