

**HEALTH CARE PERSONNEL INFLUENZA VACCINATION FORM**

I am a VA: \_\_\_ Employee \_\_\_ Volunteer \_\_\_ Other (ex: Trainee, Resident, Intern, Fee Basis, or Researcher) Please indicate: \_\_\_\_\_

CHECK ONE STATEMENT BELOW AND COMPLETE AND SIGN THE LAST SECTION OF THIS FORM PRIOR TO SUBMISSION TO EMPLOYEE OCCUPATIONAL HEALTH:

I received the seasonal influenza vaccine this flu season (any required documentation is attached).

I have been granted a medical exemption from receiving the seasonal influenza vaccine this flu season. I have a contraindication for flu vaccine as defined by CDC. The reasons for contraindication must be recognized contraindications and precautions by the Centers for Disease Control and Prevention, found here: <https://www.cdc.gov/flu/prevent/whoshouldvax.htm>. This has been discussed and acknowledged by my personal physician. I understand that by declining to receive the vaccine by November 30 or within two weeks of beginning employment, I must wear a face mask according to requirements and guidelines within VHA Directive 1192.01, Seasonal Influenza Vaccination Program for VHA Health Care Personnel.

\_\_\_\_\_  
Printed Physician Name and Address

\_\_\_\_\_  
Physician Signature                      Date                      National Provider Identification Number

\_\_\_\_\_  
Supervisor Signature                      Date                      Supervisor Email

I notified my immediate supervisor in writing that I have a deeply held religious belief that prevents me from receiving the seasonal influenza vaccine this influenza season. I understand that by declining to receive the vaccine by November 30 or within two weeks of beginning employment, I must wear a face mask according to requirements and guidelines within VHA Directive 1192.01, Seasonal Influenza Vaccination Program for VHA Health Care Personnel.

\_\_\_\_\_  
Supervisor Signature                      Date                      Supervisor Email

**August 10, 2020**

I have read and fully understand the information on this form and have been given the opportunity to have my questions answered. I understand that violation of the directive may result in disciplinary action up to and including removal from federal service.

Name (print): \_\_\_\_\_ Last 4 SS# \_\_\_\_\_

Dept./Serv: \_\_\_\_\_

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

***Employees and volunteers provide this form along with documentation of Vaccination (Worksheet, office note etc) to the Lebanon Employee Occupational Health Office.***

***Office drop- Bldg. 23 Room 129 (secure mailbox in hall) or,  
MAIL: EH300 or,  
Scan and secure email – [VHALEBEOH@va.gov](mailto:VHALEBEOH@va.gov) or,  
Fax: 717-228-6057***

***Health Professions Trainees provide this form to the Designated Education Officer.***

***Secure electronic submission is permissible.***