

**University of Colorado Health
Annual Influenza Vaccination**

Medical Declination and Release Form

All employees who cannot receive an influenza vaccination must complete the following documentation.

All Medical Declination forms must be completed by the employee's primary physician, or an approved health care provider, and returned to Employee Health Services before the deadline for compliance with this policy.

My employer or affiliated health facility, University of Colorado Health (UCHealth) and or/ University of Colorado Denver (UCD), has recommended that I receive an influenza vaccination in order to protect myself and the patients I serve.

I understand that because I work in a health care environment I may place others at risk (patients and co-workers) if I work while infected with the influenza virus.

I understand that since I have a contraindication to influenza vaccination that I will be required to wear a mask during the influenza season (dates to be determined and communicated by Infection Prevention and Control).

Employee Name (print)	Employee/ Badge number	Date of Birth
<hr/>		
Signature	Date Signed	Department
<hr/>		
Home Address	Contact Phone Number	

To be filled out by employee's Primary Healthcare Provider:

I have evaluated the above UCHealth /UCD staff member and can verify that this employee has a medical contraindication to influenza vaccination.

This employee has one or more of the following contraindications as checked:

- Documented severe allergy to eggs or egg products.
- Documented severe allergic reaction to other components of the influenza vaccine.
- Personal history of Guillan-Barré Syndrome within 6 weeks of receiving influenza vaccine.
- Other: (please explain- most medical conditions are not contraindications for influenza vaccination)._____

Is the employee's medical contraindication: Permanent Temporary If temporary how long? _____

Healthcare Provider Name (print): _____

Healthcare Provider Contact information (phone): _____

Signature of Healthcare Provider: _____ Date: _____

UCHealth Verification Denied Approved: Temporary Permanent

Medical Director of Infection Prevention and Control/Designate

Signature _____ Date _____

¹University of Colorado Hospital Authority is the sole employer of staff at UCHealth including Colorado Health Medical Group, Medical Center of the Rockies, Memorial Hospital, Poudre Valley Hospital and University of Colorado Hospital.