STUDENT INFLUENZA VACCINATION OPTING-OUT FORM

Name (print): ___________________________________________ Date: ________________

Student School/College/University: ________________________________________________

Reason for Exemption

MEDICAL:

☐ Documented allergy to the influenza vaccine or its components.

☐ Documented history of Guillain-Barre Syndrome.

☐ Documented history of moderate/severe reaction to the influenza vaccine.

☐ Other: _______________________________________________________________________

Student Signature: ___________________________________________________________

Parent Signature (if student is under 19): _________________________________________

Physician’s Name: _____________________________________________________________

Physician’s Signature: __________________________________________________________

Anyone who has not been vaccinated against influenza due to an authorized exemption will be required to wear respiratory protection in the form of a surgical mask. Respiratory protection must be worn during periods of local, regional and widespread flu activity in Nebraska as defined by the CDC’s Weekly Influenza Surveillance Report. The mask must be worn at all times on duty, with the exception of breaks and meals.

Official Use Only

Date form received: ________________ Recorded to Employee Health Nurse: __________

Please return this form to Charity Westphal via e-mail cwestphal@fremonthealth.com or fax to 402-727-3765.