

## INFLUENZA VACCINATION EXEMPTION

### Employee Demographics

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Vaccination and Declination Details

Type of vaccination: **INFLUENZA**

#### Declaration of Exemption:

I request an exemption from the Influenza vaccination for the current flu season due to the following:

- Medical Reasons**
- Religious Reasons**

#### Acknowledgment and Signature:

I understand that by signing this waiver, I acknowledge and accept any health-related risks associated with not receiving the influenza vaccine.

I also acknowledge that this exemption requires review and approval by Worldwide Travel Staffing. I agree to discuss the religious reason or contraindication with Worldwide's Clinical Director.

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

### To be completed by Clinical Director

Based on my conversation with the individual named above on \_\_\_\_\_, I have determined that the request for an exemption is reasonable and warranted.

Employee's request for a \_\_\_\_\_ exemption is:  Approved  Denied

\_\_\_\_\_  
**Signature of Clinical Director**

\_\_\_\_\_  
**Date**