

INFLUENZA VIRUS VACCINE INFORMATION/PROTOCOL/EXEMPTION FORM FOR 2020-2021

The George Washington University (GW) is requiring that I receive influenza vaccination to protect myself and the GW community before I am permitted to remain or return to the GW campus unless I receive a medical or religious exemption as set forth below. I acknowledge that I am aware of the following:

- ❖ Influenza is a serious respiratory disease that each year causes the hospitalization of more than 200,000 persons and kills greater than 36,000 persons in United States.
- ❖ Influenza vaccination is recommended for all people 6 months of age and older to prevent influenza disease and its complications – including death. The influenza vaccine can provide substantial public health benefits. During the 2018–19 influenza season the Flu vaccination was estimated to prevent 4.4 million illnesses, 2.3 million medical visits, 58,000 hospitalizations, and 3,500 deaths. (CDC/MMWR, 2/21/2020).
- ❖ If I contract influenza, I will shed the virus for 24-48 hours before influenza symptoms appear. My shedding the virus can spread influenza infection to my family, friends, coworkers or others in the GW community on campus and/or in their homes. If I become infected with influenza, even when my symptoms are mild, I can spread severe illness to others.
- ❖ I understand that the strains of virus that cause influenza infection change almost every year which is why a different influenza vaccine is recommended each year. The vaccine offered to me contains “inactivated” (killed) virus, and cannot give me influenza.
- ❖ I understand that I may change my mind at any time and accept the influenza vaccination if vaccine is available.

EXEMPTION ATTESTATION (Deadline October 30, 2020)

Please check the reason(s) you are requesting exemption from receiving the Flu vaccination at this time. Please submit **medical or other relevant documentation** to indicate the rationale for exemption of the influenza vaccine:

- I am allergic to a vaccine component: _____
- I have had Guillain-Barre syndrome
- I have had a serious reaction to a previous influenza vaccine
- I have a religious exemption

I have read and fully understand the information on this exemption form and believe that I meet the qualifications for exemption from receipt of influenza vaccine. I understand that the university will review any documentation I provide and will make a decision on whether the evidence supports the claimed exemption.

. I will continue to comply with the health and safety requirements for being part of the on-campus cohort, including wearing a mask at all times while on campus during the entire Influenza Season (October, 2020 –April, 2021), and throughout the COVID-19 Pandemic. Noncompliance may be cause for immediate disciplinary action, up to and including termination.

I acknowledge that I have been provided a copy of the Influenza (Inactivated or Recombinant Vaccine) Vaccine Information Sheet (VIS) Dated 08/15/2019, in accordance with CDC guidelines for the 2020-2021 Flu Season. I have had an opportunity to read the VIS sheet and all my questions have been answered by the medical / nursing staff to my satisfaction.

NAME (PLEASE PRINT/SIGNATURE)

DOB

POSITION/DEPARTMENT

TELEPHONE NUMBER

DATE