

Appendix B
Influenza Vaccination Religious Exemption Request Form

Print Name: _____ Personal Phone #: _____

Associate Unit/Department: _____

I plan on working for Pulaski Memorial Hospital during the flu season (October 1 through March 31)?
Yes | No

a. When was the last time you were vaccinated? _____

b. If you have been vaccinated before, what has changed? _____

c. Please state your objection to the influenza vaccination and provide examples of how you hold this conviction with the fervor of a religious conviction:

You must provide one of the following:

a. Provide a statement from a recognized leader of your religion that explains your religion's objection to the influenza vaccination.

OR

b. Provide a photocopy of an official teaching of your religion that supports exemption from the influenza vaccine.

Submit supporting documentation to Human Resources at 574-946-2128 (fax) or email to ohuber@pmhnet.com by September 15th annually.

If more documentation space is needed, attach a separate sheet of paper to this form.

Signature: _____

Date: _____



Pulaski
Memorial Hospital

09/23/21

Influenza Patient Safety Program