



**Mandatory Vaccine Exemption Request Form for Affiliate/Student/Clinical Faculty Use Only**

As part of its mandatory employment or contracted staff requirements, Grady Health System mandates that all Workforce Members, Students, Volunteers, Contract Workers, Resident/Interns, and Faculty/Fellow receive certain vaccinations (as listed below) unless the individual qualifies for an authorized exemption. If you have a medical contraindication or religious objection to receiving a mandatory vaccine(s), please use this form to submit your vaccine exemption request(s). Please return the completed form to ACEMAPP prior to the established mandate deadline **(no later than one week prior to start date)** to avoid rotation denial, for failure to complying with the mandatory vaccine requirements.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Contact #: \_\_\_\_\_ Full Address: \_\_\_\_\_

Grady Affiliation:     Student                       Clinical Faculty

School Name: \_\_\_\_\_ School Coordinator Name: \_\_\_\_\_

**Mandatory Vaccines: (Please select the vaccine(s) associated with this exemption request)**

Influenza \*\*     Hepatitis B     Varicella     Measles, Mumps, and Rubella (MMR)     Tdap

\*\*Flu season is 9/1-4/30.

\*\*Egg-free vaccines are available at local pharmacies; an egg allergy cannot be applied to the medical contraindications exemption.

**SELECT YOUR REQUESTED EXEMPTION TYPE BELOW**

**Medical Exemption Request**

If you have a medical contraindication to receiving one of the mandatory vaccine(s), **this form MUST be completed, signed, and dated by both you and your healthcare provider** and uploaded to ACEMAPP for review and approval of exemption. Submission of the form does not automatically exempt you from receiving the mandatory vaccine(s).

**Physician Certification: A physician's signature is required to validate a medical contraindication exemption request(s).**

Physician name (Please Print): \_\_\_\_\_

Physician Contact Phone Number: \_\_\_\_\_

My patient has one of the following: \_\_\_\_\_

- Severe allergic reaction to the following vaccine(s):
- Guillain- Barre Syndrome
- Current Pregnancy (deferral until after pregnancy)
- Other medical condition(s) that prevent the safe administration of vaccine(s):

Physician Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_

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**Religious Exemption Request**

If you have a religious objection to receiving one of the mandatory vaccine(s), please submit this form and a written statement below detailing your religious exemption request, including your sincerely held religious beliefs, directly to ACEMAPP assigned to your School Coordinator at your current school. Exemption request for vaccines will be reviewed by your school coordinator for approval. The exemption request must be submitted by the established deadline (**no later than one week prior to your start date**). Submission of a request and/or this form does not automatically exempt you from receiving the mandatory vaccine(s).

**Religious Exemption:**

Vaccine(s): \_\_\_\_\_

Please Explain Exemption Request:

**Workforce Member Attestation**

I acknowledge that I am aware of the following facts:

- Due to my occupation as a healthcare worker, I may be at risk of acquiring the influenza infection, or other viruses.
- Due to my occupation, work location or duties, I may transmit Influenza, COVID-19 or other infectious viruses to patients and other health care workers as well as to my family and friends, even though I have no symptoms. This may result in serious health conditions, particularly those at high risk for infection- associated complications of which I may be one.
- The strains of Influenza virus change frequently, so people who have been infected or given a shot previously may become infected with new strains, therefore the vaccine must be given yearly or as clinically indicated.
- Vaccines are effective in preventing infection of the viruses. Side effects to the vaccines, such as allergic reactions, are infrequent.
- I have received education about the effectiveness of the mandated vaccination(s), as well as possible adverse effects.
- I cannot get the influenza disease from the influenza vaccine.

I have been given the opportunity to be immunized at no charge to myself. I am requesting, however, an exemption from taking the mandatory vaccine selected above at this time.

I have read and fully understand the information on this form, including the need to submit this completed form by the required deadline. I hereby request an exemption from taking the mandatory vaccine(s). I attest that my exemption rationale is true and correct. I hereby release Grady Health System from any and all claims that may arise from me not receiving the mandatory vaccine(s). **I understand that if my request is approved, it is approved for this year's requirement only.** A medical or religious exemption for any future years will require the completion and submission of a new form in that applicable year.

Printed Name: \_\_\_\_\_

Wet Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_

