

September 2022

## Dear Provider,

The goal of UW Medicine is to vaccinate 100% of our employees against influenza. We will begin providing free influenza immunizations to all current employees and staff on Monday, October 3, 2022. However, some employees choose to be immunized elsewhere. For those employees, vaccination documentation is required to be compliant with our Employee Influenza Prevention Program.

Influenza vaccination is not appropriate for a small number of employees, for example, persons with specific medical conditions, or a history of severe reaction to a previous dose of influenza vaccine or vaccine components. ACIP recommendations for the 2022-2023 influenza vaccine can be viewed at: [Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices — United States, 2022–23 Influenza Season | MMWR \(cdc.gov\)](#)

Without disclosing any protected health/medical information, please complete the following vaccination or exemption information. Return the form to your patient, who should return the completed form to the appropriate Employee Health Clinic. The form can also be faxed from your location.

Patient Name (print) \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

*This form is NOT intended as a self-attestation of vaccination or medical exemption.*

<input type="checkbox"/> Received influenza immunization (date) _____
<input type="checkbox"/> IM Quadrivalent <input type="checkbox"/> IM high-dose Quadrivalent <input type="checkbox"/> Other, specify _____
<input type="checkbox"/> Medical exemption from influenza vaccination (date) _____
<input type="checkbox"/> <u>Temporary</u> medical condition exempts this patient from influenza vaccination <u>this year</u>
<input type="checkbox"/> Chronic medical condition, as described by CDC vaccine exemption guidelines, history of severe vaccine reaction; exempted from influenza vaccination <u>indefinitely</u>

Provider signature \_\_\_\_\_ Print name \_\_\_\_\_

WA State Medical Provider Number \_\_\_\_\_ ( MD DO ND PA RN ARNP PharmD )

Medical Facility, Clinic or Pharmacy: \_\_\_\_\_

**Return this form to your Employee Health Clinic / Office by fax, email, or in person**

**\*\* Required: Employee ID Number \*\***

Harborview Medical Center	UW Medical Center Montlake	UW Medical Center Northwest	UW Primary Care Clinics
<a href="mailto:ehshmc@uw.edu">ehshmc@uw.edu</a>	<a href="mailto:emhealth@uw.edu">emhealth@uw.edu</a>	<a href="mailto:employeehealthnw@uw.edu">employeehealthnw@uw.edu</a>	<a href="mailto:uwnc-employee-health@uw.edu">uwnc-employee-health@uw.edu</a>
Fax : 206-744-4886	Fax : 206-598-4469	Fax : 206-668-5911	Fax : 206-520-0403