

USC Faculty/Staff Health Policy

USC requires all faculty and staff working on-site to submit proof of influenza vaccination by November 1, 2020 or upon returning to work on-site through the end of the Spring 2021 semester. Where a medical contraindication to the vaccine is established, the faculty or staff member will be exempted from this requirement.

A list of established medical contraindications to vaccination can be found on the Centers for Disease Control and Prevention (CDC) website at https://www.cdc.gov/flu/professionals/vaccination/vaccine_safety.htm.

Patient Full Name: _____ **Date of Birth:** _____ **USC EEID# (10 digits):** _____

The patient identified above has a medical contraindication to the influenza vaccine.

Health Care Provider's Name (please print): _____

MD, DO, PA or NP (please circle)

License #: _____

Address: _____

Telephone number: _____

Practitioner Name/ Stamp (If available): _____

Signature of Authorized HCP: _____ Date: _____

I understand this Medical Exemption Request Form and have had the opportunity to ask questions about it. I verify the truth and accuracy of my statements in this Medical Exemption Request Form and acknowledge that declining vaccination may place me at greater risk of becoming ill with influenza.

If the medical exemption is temporary, I agree to submit the proper documentation showing proof of required immunization once the medical exemption has expired.

Faculty/Staff Signature: _____

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Date Received: _____

Date Approved: _____

Date Denied: _____

Reviewer Name (Print): _____

Reviewer Signature: _____