

SEASONAL FLU QUESTIONNAIRE TO RECEIVE EXEMPTION

Name: _____ D.O.B: _____

ESSENTIA EMPLOYEE - Department _____ Employee ID#: _____

VOLUNTEER HOSPICE VOLUNTEER - Location _____

AGENCY/LOCUM – Agency Name: _____ Essentia Contact: _____

STUDENT/FACULTY – Name of School _____ Type of Student/Faculty _____

CONTRACTOR/VENDOR – Company Name _____ Essentia Contact: _____

PLEASE SELECT ALL FACILITIES WORKED IN DURING THE TIME FRAME OF OCTOBER 1 TO MARCH 31

EAST MARKET

- St. Mary's Medical Center, Duluth
- Miller Dwan Medical Center, Duluth
- Miller Dwan Medical Center – Rehab
- St. Mary's Hospital Superior
- Essentia Health Virginia Hospital
- Essentia Health Virginia Hospital – Rehab
- Northern Pines Medical Center
- Essentia Health Sandstone Hospital
- Essentia Health Deer River Hospital
- EAST MARKET – I work in a facility not listed above

WEST MARKET

- Essentia Health Fargo – 32nd Avenue Building
- Ada Hospital – Bridges Medical Center
- Fosston Hospital
- Holy Trinity Hospital – Graceville
- St. Mary's Hospital – Detroit Lakes
- St. Mary's Detroit Lakes Clinic
- Wahpeton Clinic
- WEST MARKET – I work in a facility not listed above

CENTRAL MARKET

- St. Joseph's Medical Center
- Grace Unit – St. Joseph's Medical Center
- CENTRAL MARKET – I work in a facility not listed above

I AM REQUESTING AN EXEMPTION from the seasonal flu vaccination for medical or religious reasons – you must complete and submit the medical or religious exemption form for review

I am requesting an exemption from the required flu vaccine this influenza season. I acknowledge that influenza vaccination is recommended by the Centers for Disease Control and Prevention (CDC) for all healthcare personnel to prevent infection from and transmission of influenza and its complications, including death, to my patients, my coworkers, my family, and my community.

- I agree to supply all necessary documents to support my request.
- I understand that my request may be denied if I do not supply the necessary documentation and/or that my documentation does not support my request.
- I understand that I may withdraw my request at any time and receive the flu vaccine.

To complete the process, you must submit a Medical (completed and signed by a Medical Provider) or Religious Exemption request form with your supporting documentation to the email: Fluvaccination@essentiahealth.org or **Maildrop: DTV – Human Resources ATTN: Flu Vaccinations**. Forms are available on the Source.

I agree and accept the above statement. *

- Yes
- No

I hereby certify that I have carefully read this Seasonal Flu Survey, that I understand it and that the information given is complete, true and accurate to the best of my knowledge. I understand that the falsification or misrepresentation of any of the information, or the failure or neglect to disclose any of the information may be grounds for termination from this program, regardless of when such falsification, misrepresentation, failure or neglect may be discovered.

Signature: _____

Date: _____