



## Middlebury College Influenza Vaccine Exemption

Students have agreed to receive an influenza vaccine, pursuant to signing the Middlebury COVID19 Health Pledge. *“I will receive the 2020 flu vaccine when it becomes available (unless I have a documented religious or medical exemption, which I will provide to CHW).”*

The 2020 CDC recommendations for flu vaccine: *Everyone 6 months of age and older should get an influenza (flu) vaccine every season with rare exception. For the 2019-20 flu season, ACIP recommends annual influenza vaccination for everyone 6 months and older with any licensed, influenza vaccine that is appropriate for the recipient’s age and health status (IIV, RIV4, or LAIV4) with no preference expressed for any one vaccine over another. Some vaccines are not recommended in some situations and for people with certain health conditions, and some people should not receive influenza vaccines at all (though this is uncommon).*

### Who should NOT get a flu shot:

*People with severe, life-threatening allergies to flu vaccine or any ingredient in the vaccine. This might include gelatin or other ingredients.*

Special considerations: People with [egg allergies](#) no longer need to be observed for an allergic reaction for 30 minutes after receiving a flu vaccine. People with a history of egg allergy of any severity should receive any licensed, recommended, and age-appropriate influenza vaccine. Those who have a history of severe allergic reaction to egg (i.e., any symptom other than hives) should be vaccinated in an inpatient or outpatient medical setting (including but not necessarily limited to hospitals, clinics, health departments, and physician offices), under the supervision of a health care provider who is able to recognize and manage severe allergic conditions.

### Medical Exemption

Name of Student: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Reason for medical exemption: \_\_\_\_\_

Print name of Health Care Practitioner\* \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

Signature of Health Care Practitioner \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Religious Exemption

In signing this form I attest to holding religious beliefs opposed to immunizations. I acknowledge that I have reviewed evidence-based educational material provided by the Vermont Department of Health regarding influenza immunizations including: information about the risks of adverse reactions to immunization; information that failure to complete the required vaccination increases risk to the person and others of contracting or carrying a vaccine-preventable infection; and information that there are persons with special health needs who are unable to be vaccinated, or who are at heightened risk of contracting a vaccine preventable communicable disease, and for whom such a disease could be life-threatening.

Signature of Student (or parent is under 18 years of age) \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_