

ATTACHMENT A: EMPLOYEE EXEMPTIONS

Medical Exemptions

A list of established medical contraindications to and precautions for flu vaccine can be found at the Centers for Disease Control and Prevention website, *Guide to Contraindications*, online at: <https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html> (scroll to IIV) and currently includes:

Contraindications: Severe allergic reaction (e.g., anaphylaxis) after previous dose of influenza vaccine or to vaccine component.

Precautions: Guillain-Barré Syndrome <6 weeks after a prior dose of influenza vaccine

Moderate or severe acute illness with or without fever

Egg allergy other than hives, e.g., angioedema, respiratory distress, lightheadedness, recurrent emesis; or required epinephrine or another emergency medical intervention (IIV may be administered in an inpatient or outpatient medical setting and under the supervision of a health care provider who is able to recognize and manage severe allergic conditions).

Any request for medical exemption must be documented on the attached Medical Exemption Request Form and submitted by an employee to the designated campus medical official or disability coordinator (collectively an “Authorized Official”).

Faculty and Staff Appeals¹

Each campus shall designate a local Immunization Exemption Appeals Officer (IEAO) for faculty and staff appeals. The IEAO shall have appropriate qualifications and training to adjudicate appeals, meaning at a minimum California licensure as a physician, physician’s assistant, or advance practice nurse, who in turn may consult with other experts as necessary (e.g., environmental health and safety, infectious disease, occupational health).

Individuals who wish to appeal denial of a medical exemption must submit a written request to the Authorized Official, along with documentation provided by their treating medical provider on the Medical Exemption Request Form.

Appeals should be de-identified and forwarded to the IEAO. Decisions should be communicated to the Authorized Official, who will, in turn, communicate the IEAO decision to the faculty or staff member. IEAO decisions shall be rendered within 60 days of receipt by the IEAO and an

¹ An Immunization Exemption Appeals Committee (IEAC) has been established to evaluate student appeals. The IEAC is chaired by the UC Health Chief Medical Officer of Student Health and Counseling, and is convened as needed to evaluate medical exemption requests denied at the campus level for which students have submitted an appeal.

individual will not be barred from any campus activity while an appeal is pending. If the exemption denial is upheld, the faculty or staff member will be expected to comply with the immunization requirement within 15 days.

In active infectious disease outbreak situations, individuals granted medical exemptions may not be allowed to come to campus. These situations will be determined on a case-by-case basis, and in consultation with public health officials with jurisdiction.

The UC Immunization Exemption Policy Committee (IEPC) is a system-wide committee, appointed by the Executive Vice President, UC Health. It is comprised of UC faculty, staff and students, and public health officials. Members are selected from diverse backgrounds, and include actively practicing physicians, including at least one infectious disease specialist, and may also include faculty with expertise in a variety of other fields, such as medical ethics, law, public health, and international student services. Members serve a term of no less than one year. Campuses may consult with the IEPC on significant questions of policy.

University of California Medical Exemption Request Form

BERKELEY * DAVIS * IRVINE * LOS ANGELES * MERCED * RIVERSIDE * SAN DIEGO * SAN FRANCISCO



SANTA BARBARA * SANTA CRUZ

Name of Patient: _____

Status: ☐ Student ☐ Faculty/Academic Personnel ☐ Staff/Other Employee

Date of Birth: _____ MRN: _____

Name of Health Care Provider: _____

License Number: _____ Expiration Date: _____

State of Issuance: _____

License Type: ☐ Medical or Osteopathic Physician ☐ Nurse Practitioner ☐ Physician's Assistant

Practice Address: _____

Email: _____ Phone: _____

I hereby certify that the above-referenced patient qualifies for a medical exemption from the 2020-2021 seasonal influenza vaccine, as further provided below:

Reason for Exemption:

☐ CDC Contraindication ☐ CDC Precaution ☐ Manufacturer's Insert Contraindication

This contraindication or precaution is: ☐ Permanent ☐ Temporary

- If temporary, the expiration date for the exemption is: _____

Signature of Health Care Provider: _____

Date of Signature: _____

*Students: Return this completed form to your Student Health Service.
Faculty and Staff: Submit this form via the Flu Vaccination Requirement form or email it directly to the campus
Authorized Official at ucrsom-fva@medsch.ucr.edu.*

For Official Use Only:

☐ Approved ☐ Denied Date: _____

Name: _____ Title: _____

Signature: _____

UC Location: <Choose One> _____