



Exemption from Seasonal Influenza Vaccination For Religious Beliefs

Banner Health has required that I receive seasonal influenza vaccination in order to protect myself and the patients I serve. *An updated exemption form must be completed and submitted yearly.*

This Religious Beliefs Exemption form must be completed and returned to Employee Health/Occupational Health Services . Return forms to:

- **Employees, volunteers, medical staff, contract personnel and students:**
Forms may be returned by fax to Occupational Health at 602-839-0383 or scanned and emailed to BHCorpOccHealthFluRecordsMailbox@bannerhealth.com.
- **Vendors:** Forms should be submitted to the appropriate department or individual in your company, and must be maintained for inspection upon request by Banner Health.

I request to be exempt from the seasonal influenza vaccination due to my sincerely held religious beliefs.

I understand that because I work in a health care environment I may place patients and co-workers at risk if I work while infected with the influenza virus.

I understand that since I have been exempted from the influenza vaccination that I will be required to wear a mask upon entry to any Banner Health facility in which patients may be present, and at all times during a scheduled shift except while eating in a break room or cafeteria, for the duration of the influenza season (**generally December 1-March 31**). I understand that masking is required to support the infection prevention policies and practices at Banner Health.

- | | |
|--|------------------------------------|
| <input type="checkbox"/> Employee | <input type="checkbox"/> Student |
| <input type="checkbox"/> Medical Staff/Allied Health | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> Contract Personnel | <input type="checkbox"/> Vendor |

Name (print)

ID Number (Lawson, badge, MS4#, etc)

Signature

Date

Supervisors Name (print)