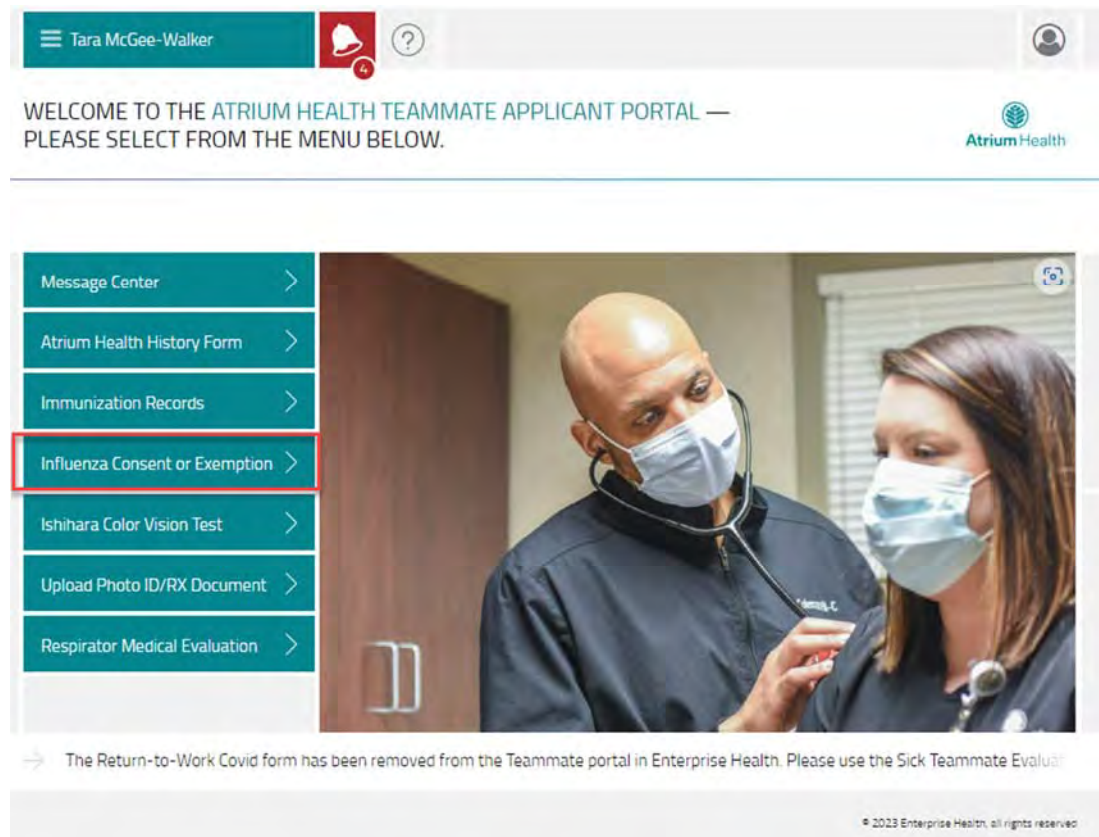


## Non-Atrium Schools

- **All** Documentation of vaccines (proof of vaccination or exemption approval) to be uploaded via the 'My Clinical Exchange' portal.
- **Exemption Process** - Students requesting an exemption must email the Teammate Health Flu Info at [TeammateHealthFluInfo@atriumhealth.org](mailto:TeammateHealthFluInfo@atriumhealth.org)
  - In the subject line state **student exemption request**.
  - In the body of the email include **full name, date of birth, preferred email address, and school** they are from.
  - Response may take up to 5 business days
- Teammate Health will create an EH profile and send them the portal link
- The student will receive an email and they will access the portal as new applicants and the flu tile is all they will need to address
- They will go through the education and acknowledge, consent, and exemption is where they will focus
- For religious exemptions, it is their personal statement of religious belief
- For medical exemptions, it is the required form completed and signed by a provider

See attached screen shots to assist:



Are you allergic to any components of the influenza vaccine? *	<input type="button" value="Yes"/>	<input checked="" type="button" value="No"/>
Do you have a latex allergy? *	<input type="button" value="Yes"/>	<input checked="" type="button" value="No"/>
Have you had a fever of at least 100.4 F in the last 24 hours? *	<input type="button" value="Yes"/>	<input checked="" type="button" value="No"/>
Have you received a stem cell or bone marrow transplant within the past 4 months? *	<input type="button" value="Yes"/>	<input checked="" type="button" value="No"/>
Have you ever had Guillain-Barre Syndrome within 6 weeks of receiving an influenza vaccine? *	<input type="button" value="Yes"/>	<input checked="" type="button" value="No"/>
Have you ever experienced an anaphylactic reaction to the influenza vaccine? *	<input type="button" value="Yes"/>	<input checked="" type="button" value="No"/>
**An anaphylactic reaction is a rapidly developing and serious allergic reaction that affects a number of different areas of the body at one time.		
A copy of this vaccination is being sent to your Atrium Health medical record. Vaccine Information Sheets (Influenza and COVID-19) have been provided to you and you have had a chance to ask questions which were answered to your satisfaction. To the best of your knowledge, you have no contraindications to the vaccine(s). You understand the benefits and risks of vaccine(s). *	<input checked="" type="button" value="Yes"/>	<input type="button" value="No"/>

Will you be receiving your flu vaccine from Employee Health or do you need to apply for an exemption? *	<input type="button" value="Vaccine from Employee Health"/>	<input checked="" type="button" value="Apply for Exemption"/>
	<input type="button" value="Already Received Vaccine"/>	
What kind of exemption do you need to apply for? *	<input type="button" value="Medical Exemption"/>	<input type="button" value="Religious Exemption"/>

You must provide a supporting document to be reviewed by the Flu Exemption Committee. You may upload your documentation below. If you do not have documentation, please either review your answers above for accuracy or click cancel at the bottom of the questionnaire to complete at a later date.

Please upload a copy of your medical or religious exemption documentation (PNG, PDF or JPG file only). Your influenza immunization requirement will not be complete without supporting documentation. *	<input type="button" value="Choose file"/>
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