

Non-Medical Exemption request

Name: _____ Date of request: _____

Department: _____ Location: _____

Immediate Supervisor: _____

Position/Job Title: _____

Do you have direct patient contact? YES/NO

Please explain the non-medical reason why you are seeking an exception from the 2024/2025 Influenza Vaccine:

Please return to Employee Health at flu@cooperhealth.edu as soon as possible, no later than November 15, 2024.