I. Background / Purpose:
To prevent the spread of influenza in the university community and to ease the burden on health systems from COVID-19 and the upcoming 2020-2021 flu season.

II. Policy:
Effective November 1, 2020, all faculty and staff working on-site at USC locations will be required to present proof of influenza vaccination. Thereafter, as faculty and staff return to work on-site, the same requirement will stand through the end of the Spring 2021 semester and may be extended as necessary. An exemption to the vaccination policy may be requested for certain medical reasons, as defined by the most current recommendations of the CDC’s Advisory Committee on Immunization Practices (ACIP). An employee whose religion prohibits vaccinations or who has philosophical objections may also apply for an exemption.

The flu vaccine is available to **USC employees who are working on-site** at no charge through the USC Pharmacies. Flu shots are a fully covered benefit for employees who are enrolled in USC health plans. Additional details regarding availability of the vaccine can be found at the USC Pharmacies website (https://pharmacies.usc.edu/flu-season/). Employees may also choose to get a flu shot through another pharmacy or physician.

III. Procedure:
1. Method of submission:
   a. Faculty and staff upload influenza administration documentation electronically through the electronic health record (EHR) portal, MySHR.
   b. Faculty and staff who receive vaccination at any USC Pharmacy will automatically satisfy the requirement.

2. Exemptions (Medical and Religious):
   a. A medical exemption request form (see sample enclosed and click here for fillable PDF) must be completed and signed by an authorized health care provider. This form will be reviewed by medical director(s), and upon approval, it will be noted in the patient immunization summary in the EHR.
   b. Religious/philosophical exemption form (see sample enclosed and click here for fillable PDF) must be completed by the faculty/staff member (or parent/guardian if faculty/staff member is less than age 18 years old). This form will then be reviewed by the medical director(s), and upon approval, it will be documented on the immunization summary page in the EHR.
   c. If the medical and/or religious/philosophical exemption request is denied, then the faculty/staff member must comply with the Employee Influenza Vaccination Requirement or the faculty/staff member will not be authorized to work on-site.

3. Failure to comply by the specified deadline will result in the faculty/staff member not being authorized to work on-site (and unable to complete the daily Trojan Check process) until submission has been received.

4. Documents must contain the following:
   a. Faculty/staff member’s full name.
   b. Faculty/staff member’s date of birth.
   c. Faculty/staff member’s 10-digit USC Employee Identification Number.
   d. Date of immunization.

IV. References:
Request for Medical Exemption from Influenza Vaccination

USC Faculty/Staff Health Policy

USC requires all faculty and staff working on-site to submit proof of influenza vaccination by November 1, 2020 or upon returning to work on-site through the end of the Spring 2021 semester. Where a medical contraindication to the vaccine is established, the faculty or staff member will be exempted from this requirement.

A list of established medical contraindications to vaccination can be found on the Centers for Disease Control and Prevention (CDC) website at https://www.cdc.gov/flu/professionals/vaccination/vaccine_safety.htm.

If the faculty or staff member is under the age of 18, the medical exemption statement should be submitted and signed by the parent/guardian. If the faculty or staff member is 18 years old or older, then the statement should be submitted and signed by the faculty or staff member. If more space is needed, please use the back of this page.

Patient Full Name: ___________________ Date of Birth: _______________ USC EEID# (10 digits): ______________________

The patient identified above has a medical contraindication to the influenza vaccine.

Health Care Provider’s Name (please print) __________________________________________________________

MD, DO, PA or NP (please circle)

License #: __________________________

Address: ____________________________

Telephone number:____________________

Practitioner Name/ Stamp (If available) __________________________________________________________

Signature of Authorized HCP: __________________________________________________________ Date: ___________

Faculty/Staff or Parent/Guardian (if faculty/staff is less than 18 years old)

I understand this Medical Exemption Request Form and have had the opportunity to ask questions about it. I verify the truth and accuracy of my statements in this Medical Exemption Request Form and acknowledge that declining vaccination may place me at greater risk of becoming ill with influenza.

If the medical exemption is temporary, I agree to submit the proper documentation showing proof of required immunization once the medical exemption has expired.

Faculty/Staff Signature______________________________________________________________

Parent/Guardian Signature (if faculty/staff is under 18 years old)________________________

For use by USC Student Health staff only:

Date Received:

Date Approved:

Date Denied:

Reviewer Name (Print):

Reviewer Signature:

Last Updated: October 21, 2020
Declaration of Religious or Philosophical Objection Requesting Exemption from Influenza Vaccination

USC Faculty/Staff Health Policy

USC requires all faculty and staff working on-site to submit proof of influenza vaccination by November 1, 2020 or upon returning to work on-site through the end of the Spring 2021 semester.

Faculty and staff can request exemption from this requirement if they have a religious or philosophical contraindication to the vaccine.

In order to qualify for a religious or philosophical exemption please describe below the faculty/staff member’s religious or philosophical beliefs and how these are beliefs are contrary to the practice of immunization. This explanation should include enough detail that the institution can determine that these beliefs are sincerely held and consistently guide and influence the faculty/staff member’s life. If the faculty/staff member is under the age of 18, this statement should be provided and signed by the parent/guardian. If the faculty/staff member is 18 years old or older, then the statement should be provided by and signed by the faculty/staff member. If more space is needed, please use the back of this page.

Patient Full Name: ___________________ Date of Birth: _______________ USC EEID#: ______________________________

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Faculty/Staff or Parent/Guardian (if faculty/staff is less than 18 years old)

By signing this declaration, the faculty/staff member, or if a minor, the faculty/staff member’s parent or legal guardian, verifies the request for exemption from required influenza vaccination by the University of Southern California on the basis of genuine and sincere religious or philosophical beliefs. An unvaccinated faculty/staff member is at greater risk of becoming ill with influenza.

I understand this Religious/Philosophical Exemption Request Form and have had the opportunity to ask questions about it. I verify the truth and accuracy of my statements in this Religious/Philosophical Exemption Request Form.

Faculty/Staff Signature__________________________________________________________

Parent/Guardian Signature (if faculty/staff is under 18 years old)__________________________________________________

For use by USC Student Health staff only:

Date Received: ________________________

Date Approved: ________________________

Date Denied: ________________________

Reviewer Name (Print): ________________________

Reviewer Signature: ________________________