October 5, 2017

Dear OU Medical System Practitioner:

As you are aware, influenza season is approaching. According to the AMA Code of Medical Ethics, healthcare institutions and workers have an obligation to protect patients and colleagues.

Mandatory influenza vaccines have been found to be the single most effective strategy to increase vaccination rates among physician and healthcare workers. Therefore, OU Medical System continues to implement a patient, practitioner and employee safety influenza program that includes mandatory influenza vaccination or an attestation by the practitioner agreeing to wear a surgical mask when in patient care areas and/or designated areas during influenza season.

To assist with identifying immunized individuals, practitioners and staff who receive an influenza vaccination will be identified by a small sticker, which must be worn on identification badges between November 1, 2017 and March 31, 2018. **Stickers will be supplied at the time of immunization, unless the vaccine is received by a third party.**

If not immunized, for any reason, employees and practitioners must agree to alter their practice to protect colleagues, patients and visitors. All practitioners and employees who are not immunized are required to wear a surgical mask when in patient care or potential patient care areas between November 1, 2017 and March 31, 2018.

**Employees of OUHSC or OU Physicians who receive the influenza vaccination through the approved OUHSC or OUP entity will receive the approved sticker at the time of immunization and the documentation will be forwarded to Medical Staff Services on your behalf.**

All other practitioners and non-employed workers credentialed through OU Medical System need to notify the OU Medical Staff/Credentialing Services Department of one the following:

1. **Received the Influenza Vaccination from a Third Party** - Complete the Third Party Proof of Vaccination (attached) and submit, along with the receipt and proof of vaccination to one of the Medical Staff/Credentialing Service Department entities listed below. Then, once the documentation has been received, you will need to go to the Medical Staff/Credentialing Services Department to obtain the approved sticker to be worn on your identification badge to show compliance with the program.

2. **Decline the Vaccination** - Complete the Declination Form for Seasonal Influenza Vaccine (attached) and submit to one of the Medical Staff/Credentialing Services Department entities listed below.
Submit the documentation to one of the Medical Staff/Credentialing Services Department entities by choosing one of the following:

- **RETURN IN THE SELF-ADDRESSED**, postage paid envelope
- **EMAIL** documentation: oumcmedicalstaff@hcahealthcare.com
- **FAX** documentation: 405-271-3602
- **MAIL OR HAND DELIVER** documentation:
  OUMS Medical Staff/Credentialing Services Department
  1200 Everett Drive #2315
  Oklahoma City, Oklahoma 73104
- **HAND DELIVER** documentation:
  OU Medical Center Edmond
  Darcy Wallenmeyer/ Administrative Office
  One South Bryant
  Edmond, Oklahoma 73034

Thank you in advance for helping to maintain the safety of our patients, colleagues and employees. Should you have any questions regarding the process, please feel free to call the OU Medical System Medical Staff/Credentialing Services Department at 405-271-5198.

Sincerely,

Timothy Puckett, MD
Executive Chief of Staff
OU Medical System

Attachments:  Declination Form for Seasonal Influenza Vaccine 2017-2018
Third Party Proof of Vaccination Form
DECLINATION FORM FOR SEASONAL INFLUENZA VACCINE

Name (printed):___________________________________  3-4 ID or Last 4 of SSN:_______________________

Facility: ________________________________________________   Department: ________________________

This facility has recommended that I receive influenza vaccination in order to protect myself and the patients I serve.

I DO NOT WANT A FLU SHOT.

I acknowledge that I am aware of the following facts:

- Influenza is a serious respiratory disease; on average, 36,000 Americans die every year from influenza-related causes.
- Influenza virus may be shed for up to 24 hours before symptoms begin, increasing the risk of transmission to others.
- Some people with influenza have no symptoms, increasing the risk of transmission to others.
- Influenza virus changes often, making annual vaccination necessary. Immunity following vaccination is strongest for 2 to 6 months. [In California, influenza usually begins circulating in early January and continues through February or March.]
- I understand that the influenza vaccine cannot transmit influenza and it does not prevent all disease.
- I have declined to receive the influenza vaccine for the 2015-2016 season. I acknowledge that influenza vaccination is recommended by the Centers for Disease Control and Prevention for all healthcare workers in order to prevent infection from and transmission of influenza and its complications, including death, to patients, my coworkers, my family, and my community.

Knowing these facts, I choose to decline vaccination at this time. I may change my mind and accept vaccination later, if vaccine is available. I have read and fully understand the information on this declination form. I am declining due to the following reasons (check all that apply):

- I believe I will get influenza if I get the vaccine.
- I do not like needles.
- My philosophical or religious beliefs prohibit vaccination.
- I have an allergy or medical contraindication to receiving the vaccine.
- Other reason – please tell us. _________________________________________________

I understand that if I choose to decline the influenza vaccine, and my job duties may cause me to infect patients or to become infected, I will be required to wear a surgical mask or respirator, as appropriate, within 6 feet of patients or in designated areas during influenza season.

I understand that I may change my mind at any time and accept influenza vaccination, if vaccine is available.

I have read and fully understand the information on this declination form.

__________________________________________________________   ______________________________
Signature                                      Date
Third Party Proof of Vaccination Form

Please print:

Title: __________________________ Name: ___________________________ 3/4 ID or Last 4 SSN: __________
  (FIRST) (MIDDLE) (LAST)

Company/Organization: __________________________________________________

This statement affirms that I have been vaccinated with the most recently available seasonal influenza vaccine. I am submitting proof of vaccination with this form.

____ Letter (on official letterhead) from a healthcare provider, pharmacy or clinic that issued the vaccination.

____ Copy of immunization record showing my name as having received the vaccine.

____ Other ___________________________________________________________________ ______________________

Signature of person receiving vaccine __________________________ Date

If you are a new hire, you must provide influenza documentation to the Employee Health Clinic within 30 days of your start date, or you will be removed from the schedule. Until documentation is received, you are required to wear a surgical mask when in patient care areas. Your influenza decision will not be complete until Employee Health receives proof of your flu vaccination.