

## Influenza Vaccine as a Condition of Employment

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The influenza (sometimes called “flu”) vaccine is a condition of employment with our company (the “Company”), subject to any applicable exemptions. The influenza vaccine is an important part of our efforts to maintain a safe and healthy environment for our residents, staff, and visitors. We require that team members receive the influenza vaccine and provide documentation of current vaccination every year.

If you believe that you have a medical contraindication, disability, or sincerely held religious belief that prevents you from receiving the influenza vaccine, you must submit a completed and signed exemption request form upon hire. All vaccination exemption and accommodation requests will be carefully reviewed. Those team members whose requests for exemption or accommodation cannot be approved will be required to receive the influenza vaccine as a condition of employment.

Team members are required to receive the current influenza vaccine each year. The Company may arrange for on-site influenza vaccination clinic(s) to make the vaccine easily accessible to team members. If a clinic is offered, you may choose to receive your influenza vaccination at the clinic. However, if you prefer, you may receive the influenza vaccine from the provider of your choice.

Written documentation that the influenza vaccine has been received is required from all team members. If you have already received the current influenza vaccination prior to hire, please produce evidence of such immunization.

Failure to comply with this policy may result in withdrawal of an offer of employment or corrective action up to and including termination of employment. Examples of noncompliance with the policy include: (1) failure to timely receive the influenza vaccination, (2) failure to timely provide documentation of receipt of the influenza vaccination, or (3) failure to follow infection control protocols in place for unvaccinated individuals if you must report to work unvaccinated or without documentation of your vaccination.

**By signing below, I acknowledge and confirm that:**

- (1) annual influenza vaccination is a condition of employment with the Company, subject to applicable exemptions;
- (2) documentation of current influenza vaccination must be provided each year;
- (3) I have read and understand that failure to comply with this policy may result in withdrawal of an offer of employment before hire, and corrective action up to and including termination of employment after hire.

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_