

**ARCHBOLD MEDICAL CENTER**  
**P. O. Box 1018 • Thomasville, GA 31799-1018**  
 AHS    AMG    AMH    BCH    GGH  
 GMNH    MCC    MCH    PPNH    VNA  
**INFLUENZA VACCINE CONFIRMATION OR**  
**MEDICAL/RELIGIOUS EXEMPTION**

Printed LEGAL Name: \_\_\_\_\_ Employee Number (if applicable): \_\_\_\_\_

Employee Department: \_\_\_\_\_ Occupation: \_\_\_\_\_

Date of Vaccine \_\_\_\_\_

Performs Direct Patient Care:  Yes    No

- Employees (Including MD, PA, NP who receive a direct pay check from AMC)
- Licensed Independent Practitioner (MD, PA, NP who Do Not receive a direct paycheck from AMC)
- Student/Trainee/Volunteer
- Other Contract Personnel (Do not receive a direct paycheck from AMC) \_\_\_\_\_

**Healthcare Personnel: Work in main hospital (JDA, GGH, MCH, BCH), Urgent Care, Corporate Care, HHC, Dialysis, Nursing Home, VNA, Hospice, Oncology Center, AMG Offices, Infusion Center, Rehabilitation Services, Northside, ACC**

**Healthcare Personnel: Work outside of main hospital (business offices and non-patient care areas)**

I have provided documentation to my supervisor verifying that I have received the flu vaccine this flu season.

I have provided approved documentation to my supervisor verifying a medical/religious exemption to the flu vaccine this flu season.

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

**Note: Send this completed form to Infection Control to receive your “FluSafe Sticker” or “Mask Sticker”**