



Pikes Peak Respite Services
719-659-6344
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www.pikespeakrespiteservices.com

Pikes Peak Respite Services
Influenza Vaccination Statement
For the Period: October 1, 2024 – March 31, 2025

Purpose:

In accordance with Colorado Department of Public Health and Environment (CDPHE) regulations, Pikes Peak Respite Services (PPRS) requires providers to submit their influenza vaccination status to ensure compliance with state guidelines and to promote the health and safety of all persons supported and staff.

Provider Influenza Vaccination Requirements:

1. Vaccination:

- All providers are strongly encouraged to receive an influenza vaccine for the 2024–2025 flu season (October 1, 2024 – March 31, 2025).

2. Exemption:

- Providers who are unable to receive the influenza vaccine due to medical contraindications, personal, or religious reasons must complete the exemption section below and submit it to PPRS by **October 15, 2024**.
- Providers granted exemptions will be required to wear a surgical or procedural mask while working during the flu season to ensure the safety of persons supported and coworkers.

3. Documentation:

- Providers must submit either documentation of their influenza vaccination or a completed exemption request form no later than **October 15, 2024**.

Documentation should include:

- Name of provider
- Date of vaccination
- Name of the healthcare provider or organization administering the vaccine

4. Compliance Monitoring:

- PPRS will maintain records of influenza vaccination and exemptions for all providers and ensure compliance with the CDPHE regulation requiring at least 90% vaccination coverage among healthcare workers.

Acknowledgment and Vaccination Status:

I, _____, acknowledge that I have received, read, and understand the Pikes Peak Respite Services Influenza Vaccination Statement for the 2024–2025 flu season. I agree to comply with the requirements set forth and understand the consequences of non-compliance.

| **Provider Name (Printed):** _____

| **Provider Signature:** _____

| **Date:** _____

Exemption Request:

I, _____, am requesting an exemption from the influenza vaccine requirement for the 2024–2025 flu season due to the following reason:

Medical Exemption

- A signed note from a licensed healthcare provider is attached.

Religious Exemption

- I affirm that receiving the influenza vaccine conflicts with my sincerely held religious beliefs.

Personal Exemption

- I affirm that I am personally opposed to receiving the influenza vaccine.

I understand that if my exemption is approved, I will be required to wear a surgical or procedural mask while working during the flu season (October 1, 2024 – March 31, 2025) to comply with safety protocols.

Provider Signature: _____

Date: _____

Submission Instructions:

Submit this form along with vaccination documentation or exemption request by **December 1, 2024**, to:

Email: brett.seemann@pikespeakrespite.com

Thank you for your cooperation in ensuring the health and safety of our team and clients.

Pikes Peak Respite Services
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