## Overview

Maintaining an up-to-date influenza (flu) vaccination status is essential for a safe and healthy workplace. Below is important information to assist you in smoothly submitting your vaccination documentation.

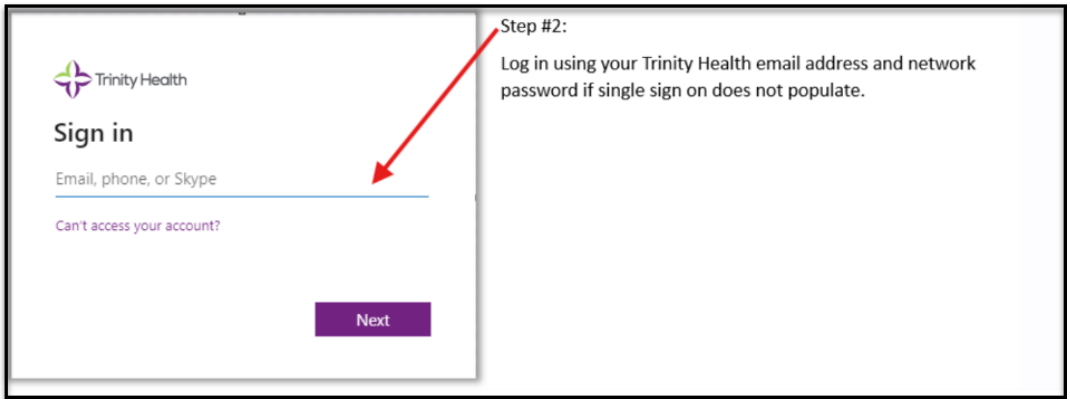
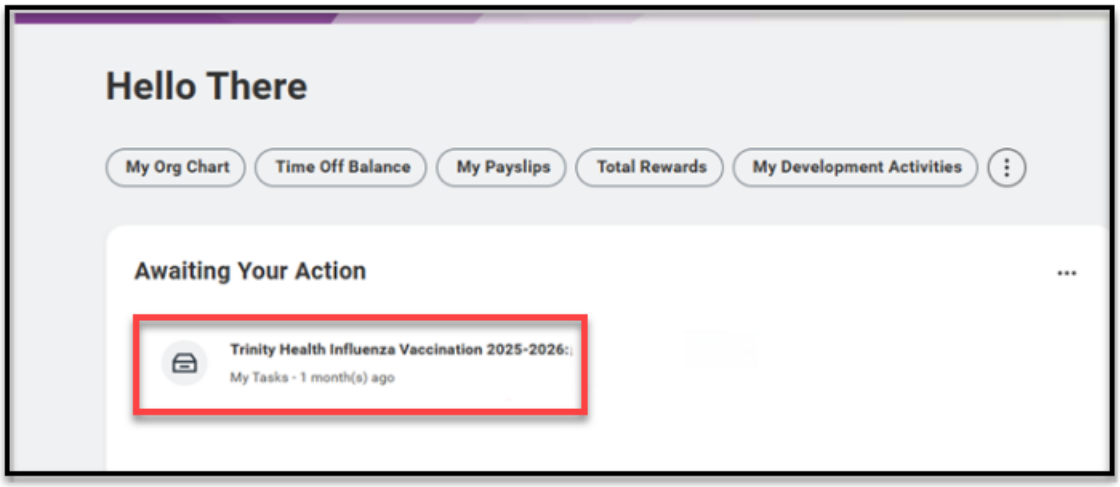
### What are the vaccination requirements?

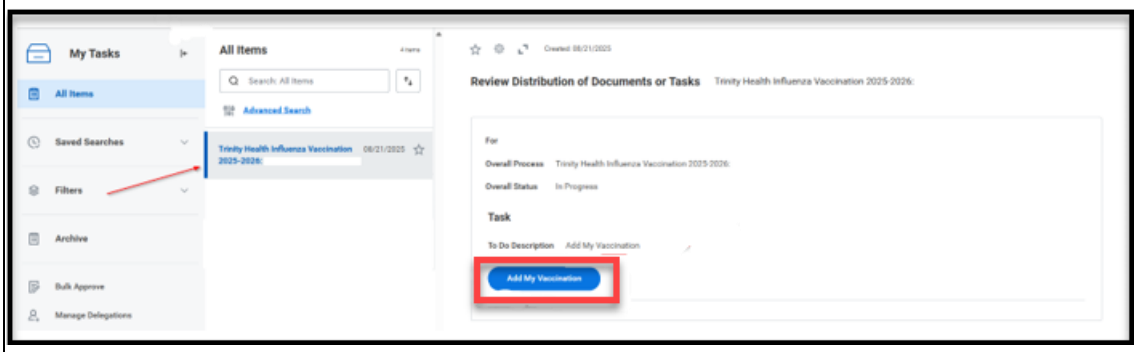
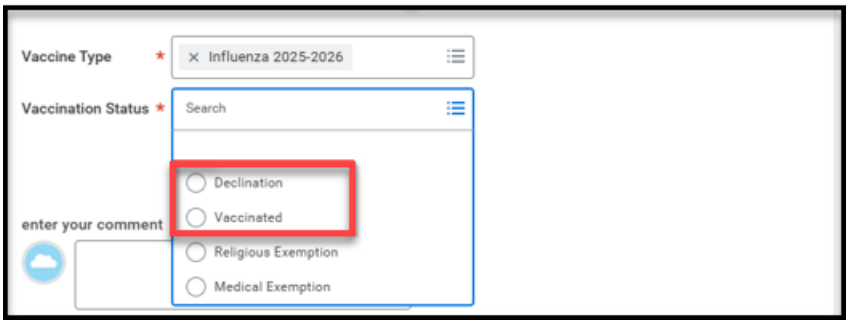
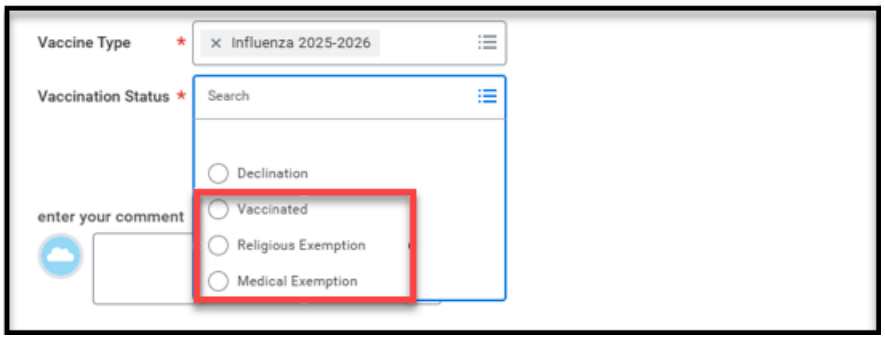
- All colleagues are required to report their 2025-2026 flu vaccination status through Workday starting Oct 1st.
    - Colleagues who **do not** have a work location in Illinois will be required to provide one of the following:
        - Proof of updated 2025-2026 flu vaccine, or completion of a Vaccine Declination.
    - Colleagues with a **work location in Illinois** will be required to provide one of the following:
        - Proof of updated 2025-2026 flu vaccine, or completion of a Religious or Medical Exemption.
- Acceptable proof of flu vaccination documentation includes vaccination cards and statements from medical providers confirming receipt of the vaccine on or after August 1, 2025.
- **For Illinois colleagues only**: Medical exemption must be completed by a treating physician (M.D. or D.O.) or treating advanced practice professional (nurse practitioner, physician assistant, and clinical nurse specialist). Health care providers cannot sign their own exemption/certification request.

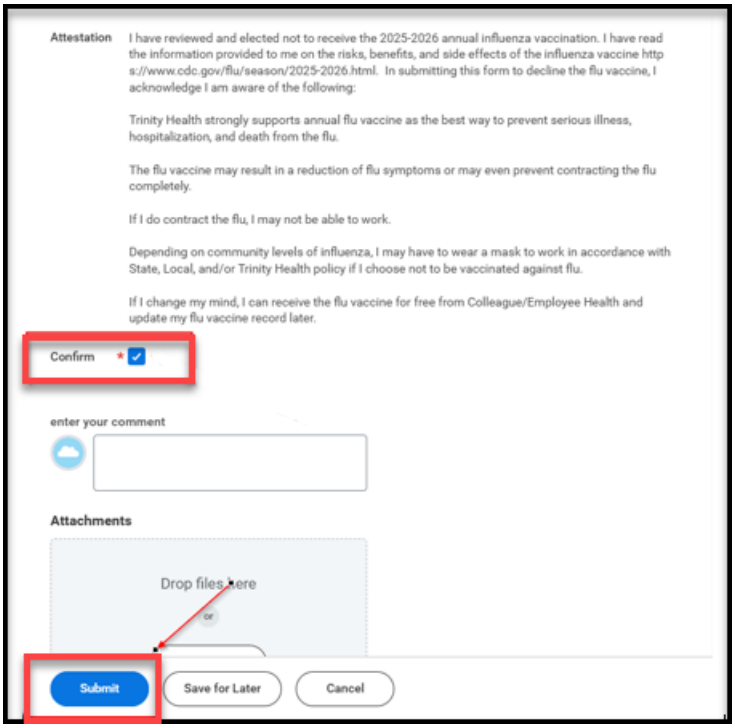
### Is there a cost for the vaccine?

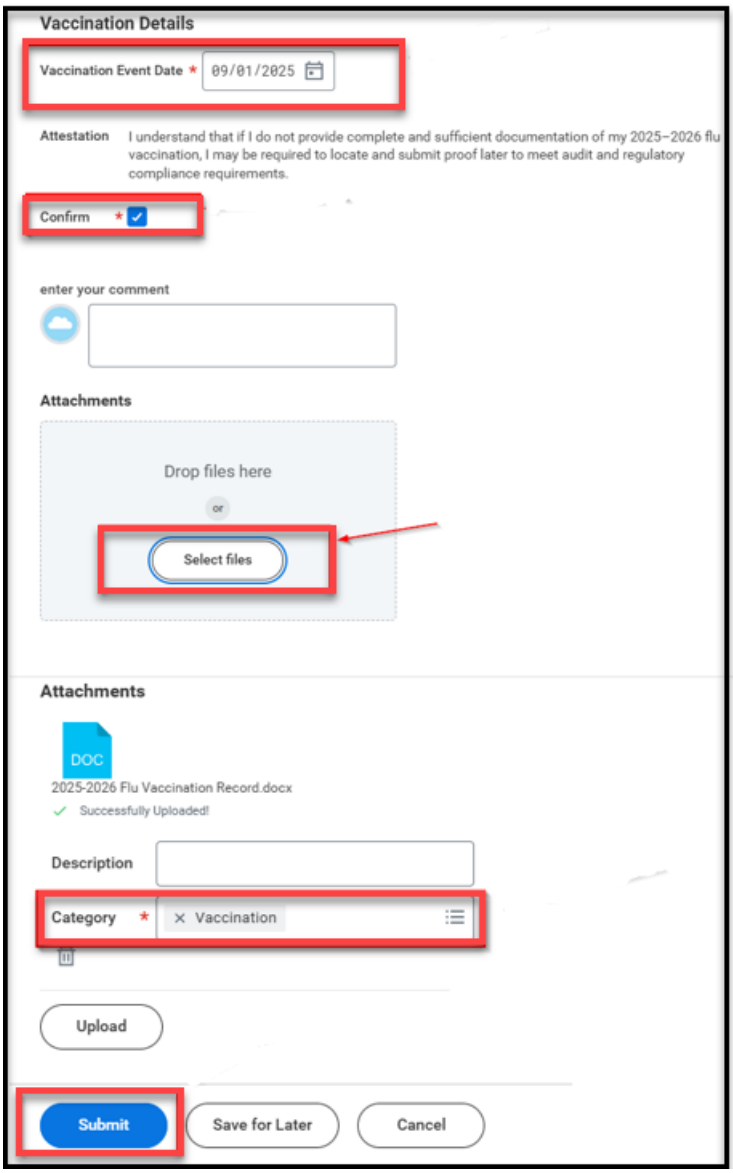
- Colleagues and their family members who are enrolled in a Trinity Health medical plan with OptumRx as their pharmacy benefit manager have the option to use their pharmacy card to receive a flu vaccine at a Health Ministry pharmacy or an OptumRx network pharmacy with a $0 copay.
- Colleagues enrolled in non-Trinity Health medical plans should contact their medical plan for vaccination coverage information.

### Where do I submit my vaccination documentation?

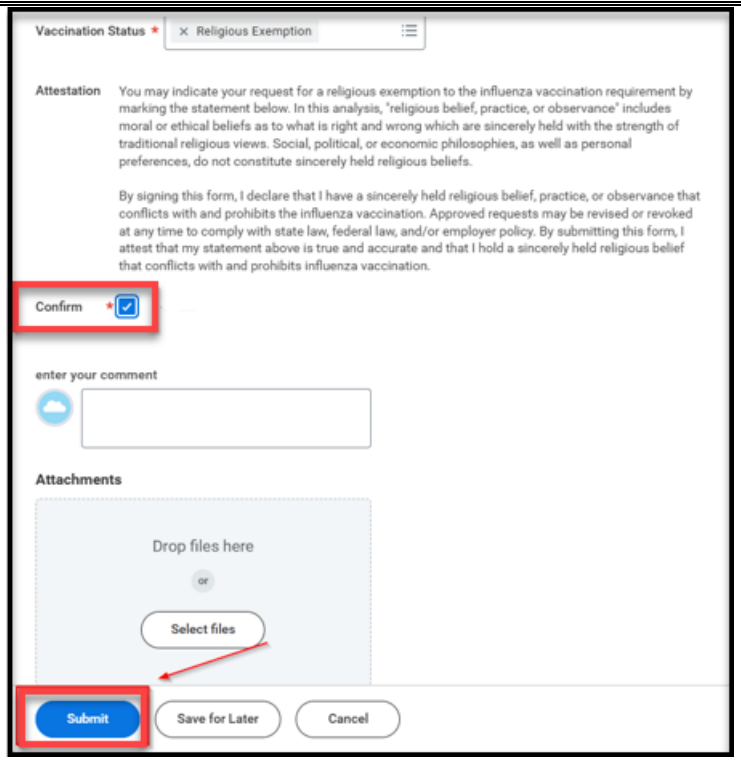
| Step | Action |
|---|---|
| 1 | Colleagues will need to log in to **Workday**.<br>  <br>  |
| 2 | On the Workday homepage, click "**Trinity Health Influenza Vaccination 2025-2026**" under "**Awaiting Your Action.**"<br>  |

| | |
|---|---|
| 3 | In “**My Tasks**,” open “**Trinity Health Influenza Vaccination 2025-2026**” and click “**Add My Vaccination**” on the right.<br>  |
| 4 | Depending on your work location, some vaccination status options may not be available and will result in an error message in Workday.<br>• For colleagues who **do not** have a work location in Illinois, you may select “**Vaccinated**” or “**Declination**” under the vaccination status box.<br>  <br>• For colleagues who have a work location in **Illinois**, you may select “**Vaccinated**,” “**Religious Exemption**,” or “**Medical Exemption**” under the vaccination status box.<br>  |

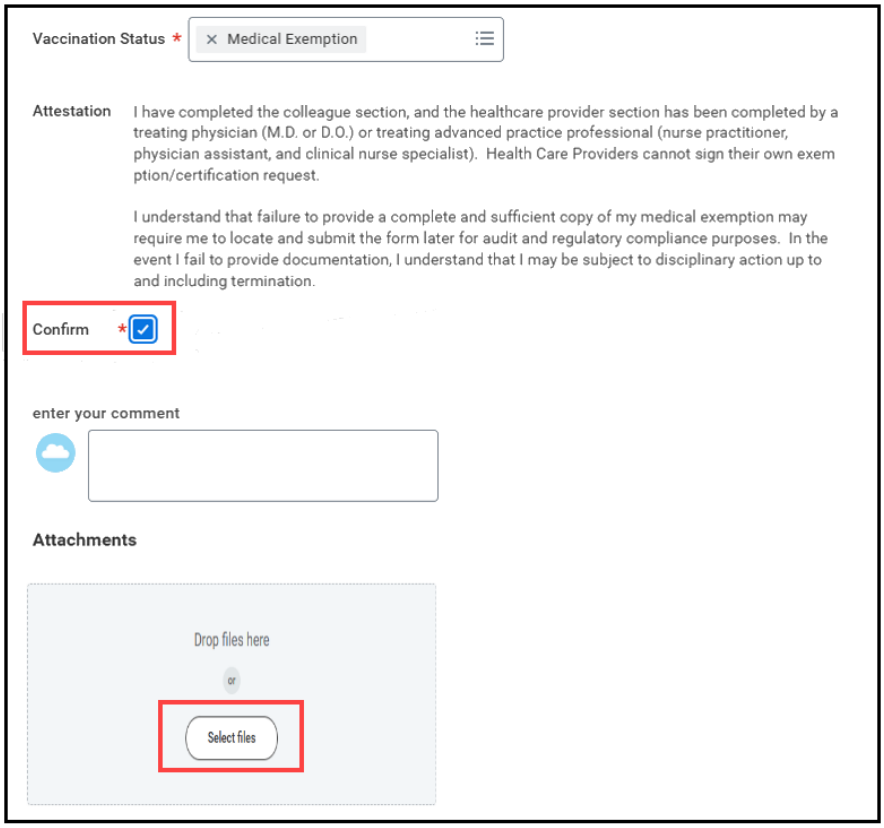
| | |
|---|---|
| 5 | Only one vaccination status may be selected and cannot be changed after submission. Please ensure the available options align with your work location before proceeding.<br><br>• **Declinations:** If your work location is outside Illinois, you may select "**Declination**." Review the attestation before selecting "**Confirm**," then submit the task.<br><br>  <br><br><br>• **Vaccinated:** Colleagues at all locations may record their flu vaccination. Enter the vaccination date (not before 08/01/25 or in the future), review the attestation, check "**Confirm**," upload supporting documentation, and select "**Vaccination**" under category section before submitting your vaccination task. |

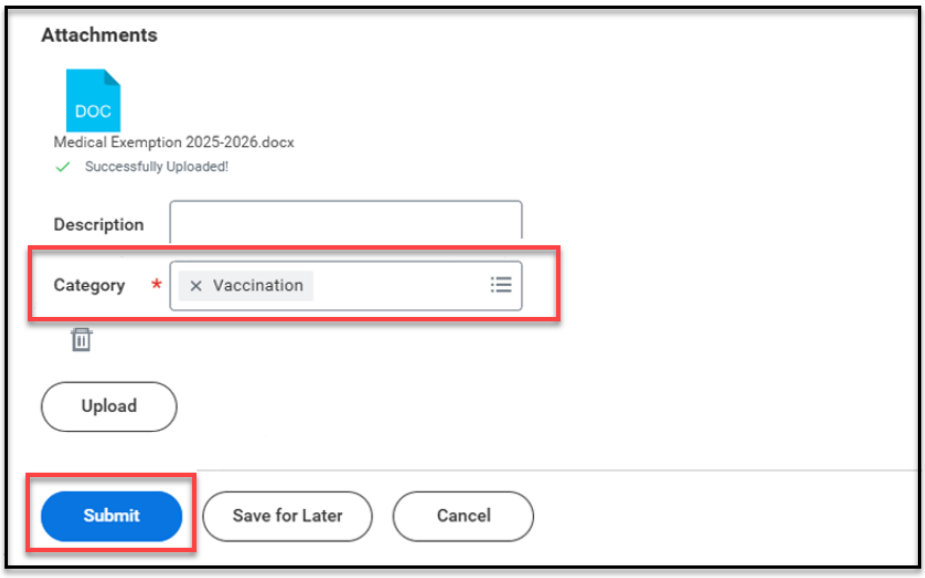



- **Religious Exemption**: If your work location is Illinois, you may select "**Religious Exemption.**" Please review the attestation carefully to ensure it applies before selecting "**Confirm**" and submitting the vaccination task.




- **Medical Exemption:** Before selecting this status, ensure your medical exemption form is completed and signed by your healthcare provider. Supporting documentation is required to submit this vaccination status in Workday.


Vaccination Status *
Medical Exemption
Attestation
I have completed the colleague section, and the healthcare provider section has been completed by a treating physician (M.D. or D.O.) or treating advanced practice professional (nurse practitioner, physician assistant, and clinical nurse specialist). Health Care Providers cannot sign their own exem ption/certification request.
I understand that failure to provide a complete and sufficient copy of my medical exemption may require me to locate and submit the form later for audit and regulatory compliance purposes. In the event I fail to provide documentation, I understand that I may be subject to disciplinary action up to and including termination.
Confirm *
enter your comment
Attachments
Drop files here
or
Select files


Attachments
DOC
Medical Exemption 2025-2026.docx
Successfully Uploaded!
Description
Category *
Vaccination
Upload
Submit
Save for Later
Cancel

**Additional Resources**

Colleague FAQs

Medical Exemption Form

Clinical Effectiveness