

Wheaton College
Student Health Services/International Travel Clinic
IMMUNIZATION EXEMPTION POLICY

As described in the Wheaton College Student Health Services Entrance Health Requirements policy, all students prior to enrollment must show proof of immunity with respect to measles, mumps, and rubella (which are covered by the single MMR vaccine); tetanus, diphtheria, and pertussis (covered by the Td, DT, DTP, DTap and Tdap vaccines) and meningitis (covered by Menactra and Menveo). In addition, the College requires that students provide proof of tuberculosis screening with possible further skin or blood test, contingent upon the risk identified. The tuberculosis test is not a vaccination, and no exemption will be provided. The College further recommends, though it does not require, immunizations for hepatitis B, polio, and chickenpox. If a student is considering traveling with a Wheaton College program internationally, required and recommended vaccinations for that trip will be discussed with the student during the travel consult. An alternative travel destination may be chosen for students who choose to be exempt from certain vaccinations. Further instructions will be given at the time of the travel consult.

Occasionally the College is asked to exempt a particular student from their immunization requirements. Because the College believes that the entire campus population is best served when every student is immunized, it does not favor exemptions. The College will, however, consider a request for exemption as it relates to the laws of Illinois for post secondary institutions, and only under the following circumstances.

1. Medical Necessity

a. Medical Risk to the Student. The State of Illinois and the College may exempt a student from one or more of the required immunizations based on a written statement by a “physician” (MD, DO, PA or NP) that describes the nature and probable duration of a medical condition or circumstance that contraindicates such immunization(s) and that identifies the specific immunization(s) that could be detrimental to the student’s health.

b. Medical Risk to an Unborn Fetus. Female students may be granted temporary exemption from immunization against measles, mumps, and rubella if pregnancy or suspected pregnancy is certified by a “physician’s” written statement.

c. Immunizations Scheduled, but Not Yet Completed. If a student is on an approved schedule to receive all necessary doses of the required vaccines, the student may be granted temporary medical exemption for the duration of the approved schedule.

2. Religious Objection. The State of Illinois and the College will consider granting an exemption based on a written statement by the student stating the specific religious belief on which the opposition to the required vaccinations is based and the theological basis for such belief. This statement must be constructed by the student unless they are a minor (< 18 years).

The College will consider each exemption request on a case-by-case basis and make a determination whether to approve the request. Students who are granted exemption must complete the College’s Immunization Waiver. The waiver must be signed and notarized to be recognized for full compliance. The student may be notified by the Director of Student Health Services for further clarification. This exemption form is part of the required medical entrance forms.



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Date: _____ Name: _____ Date of Birth: _____

Student ID #: _____ Telephone: _____

I have been advised by my healthcare provider/ Student health Services clinician about these vaccines and wish to exempt from the following:

Mark each immunization to which this exemption applies:

- | | |
|-------------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Diphtheria/Tetanus/Pertussis | <input type="checkbox"/> Hepatitis A |
| <input type="checkbox"/> Measles/Mumps/Rubella (MMR) | <input type="checkbox"/> Hepatitis B |
| <input type="checkbox"/> Meningococcal | <input type="checkbox"/> Polio |
| <input type="checkbox"/> Varicella Vaccine | <input type="checkbox"/> All of the above |
| <input type="checkbox"/> Travel Immunizations _____ | <input type="checkbox"/> Other _____ |

A) Medical Exemption* This must be signed by a medical physician or medical practitioner (i.e. MD, DO, PA, NP)

State the nature and probable duration of the student’s medical condition or circumstance:

Identify the specific immunizations that could be detrimental to the student’s health in light of his or her medical condition or circumstance: _____

 Physician’s Signature (MD, DO, PA, NP) Physician’s Printed Name Date

Physician’s Address and Telephone Number or official stamp.

NOTE: Please note the medical professional may be notified by the Director of Student Health Services for clarification.

B) Religious Exemption (to be completed by student, unless <18 years of age)

Please state the specific religious belief on which your opposition to the vaccinations indicated above is based and the theological basis for such belief. This statement must provide exact religious belief and references.



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I, _____, have read and understand the College’s policy with respect to the required immunizations and hereby request exemption based on the above information.

I represent and warrant that (1) I have consulted with a medical doctor or practitioner (MD, DO, PA, NP) with respect to the risks of refusing immunization, (2) I have been given the opportunity to discuss the risks of non-immunization with a health care provider associated with Wheaton College and either have done so or have declined to do so, and (3) I am aware that there are publicly available resources regarding the risks of non-immunization, including, for example, from the Centers for Disease Control and Prevention. See, for example,

- <http://www.cdc.gov/vaccines/vac-gen/whatifstop.htm>
- <http://www.cdc.gov/vaccines/hcp/vis/vis-statements/mmr.html>
- <http://www.cdc.gov/vaccines/hcp/vis/vis-statements/td-tdap.html>
- <http://www.cdc.gov/vaccines/hcp/vis/vis-statements/mening.html>

Please read the following carefully.

I understand and agree that in the event of an outbreak of a vaccine-preventable disease or for other health-related reasons on the Wheaton College campuses or wider community, Wheaton College reserves the right to deny non-immunized students access to campus activities or other College facilities. You may be asked to leave campus, thereby classes and residence halls at your own expense. Wheaton College is not held responsible for lost class credit or finances in case of this public health event

 Initial

I understand that if an outbreak should occur, even if I were to complete the vaccination I would not be allowed back into the College activities and campus until 14 days or longer (if a series) has expired

 Initial

I understand that the full completion of this document is required as part of the Medical Entrance Requirements for incoming or returning student status _____.

Initial

I understand that this exemption will be reviewed and discussed prior to any travel internationally with a Wheaton College program and I may need to find a new international destination _____.

Initial

I understand that any internship or shadowing experience/organization has the right to require vaccines, and this exemption does not pertain these experiences _____.

Initial

Understanding the risks of non-immunization, I hereby request this exemption as a free and voluntary act, without coercion of any kind. I further hereby assume each and every risk of non-immunization,

and I release Wheaton College and all of its officers, directors, employees, and agents from, and agree never to assert a claim against them for, any liability resulting from or in any way related to my decision not to be immunized _____.

Initial

I know that I may readdress this issue with my primary care provider or SHS at any time and that I may change my mind and accept vaccination any time in the future _____.

Initial

I acknowledge that I have read this document in its entirety and fully understand.

Student Signature* _____ Date: _____

*If under 18:

_____ Date: _____

Signature of parent or guardian

Printed name of parent or guardian

Notary Seal

Signature of notary

Void if not notarized, signed and dated

OFFICIAL USE:

Reviewed Contacted Date: _____