COVENANT
COLLEGE

Immunization Waiver 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, or signed meningitis waiver).The College further recommends, though it does not require, immunizations for hepatitis B, hepatitis A, and Varicella (chickenpox).

Occasionally, the College is asked to exempt a particular student from their immunization requirements.The College will, however, consider a request for exemption when forms are signed and submitted for approval.

Exemptions are considered only under the following circumstances:

1. Medical Necessity

    a. Medical Risk to the Student. The College may exempt a student from one or more of the required immunizations based on a written statement by a medical provider (MD, DO, PA or NP) that describes the nature and probable duration of a medical condition or circumstance that contraindicates such immunizations(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 medical provider'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 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 Health Services for further clarification.

The following exemption form is part of the required medical entrance forms and must be uploaded to Med+Proctor for review.

Immunization Waiver

Date: _____ Name: _____ DOB: _____

Student ID#: _____

I have been advised by my healthcare provider/Covenant Health Services about these vaccines and wish to exempt from the following required vaccines:
Check all that apply:

- ☐ Diphtheria/Tetanus/Pertussis
- ☐ Measles/Mumps/Rubella
- ☐ Meningococcal (see separate waiver)
- ☐ Travel Immunizations, if applicable: _____
- ☐ Other: _____

A)

B) Medical Exemption. This must be signed by a medical provider (i.e. MD, DO, NP, PA)
State the nature and probable duration of the student's medical condition of circumstance:

_____

_____

_____

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

_____

_____ _____ _____
Provider's Signature (MD, DO, NP, PA) Provider's Printed Name Date:

_____

_____
Provider's Address and Phone Number or official stamp

NOTE: Please note the medical professional may be notified by the Director of 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 required vaccinations indicated above is based and the theological basis for such belief. This statement must provide exact religious belief and references.

_____

_____

_____

_____

I, _____, have read and understand Covenant 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 provider 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 from Health Services and either have done so or declined to do so, and (3) I am aware there are publicly available resources regarding risks of non-immunization, including the Centers for Disease Control.

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 Covenant College campus or wider community, the 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. Covenant College is not held responsible for lost credit for 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 to campus until 14 days after the vaccine or series is received. INITIAL _____

I understand that the full completion of this document is required as part of the Medical Entrance Requirements for incoming students. INITIAL _____

I understand this exemption will be reviewed and discussed prior to any travel internationally with a Covenant 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 to these experiences. INITIAL _____

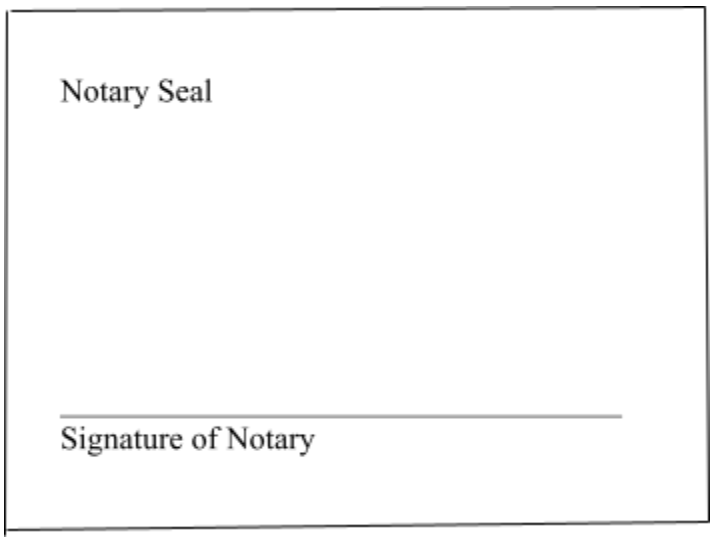
Understanding the risks of non-immunization, I hereby request this exemption as a free and voluntary act, without coercion of any kind. I further hereby assume each and every risk of non-immunization, and I release Covenant College and all of its officers, directors, employees, and agents from, and agree never to assert claim against them for any liability resulting from or in any way related to by decision not to be immunized. INITIAL _____

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

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

Student Signature _____
*if under 18:
Parent/Guardian Signature _____ Date: _____

Printed Name of Parent/Guardian _____ Date: _____



Void if not notarized, signed, and dated.

OFFICIAL USE:

- ☐ Reviewed
- ☐ Contacted
- ☐ Date: _____