

# Ohio Wesleyan University Immunization Policy & Petition for Vaccination Exemption For New Students

OHIO WESLEYAN UNIVERSITY (OWU) BELIEVES THAT THE ENTIRE CAMPUS COMMUNITY IS BEST SERVED WHEN EVERY STUDENT IS IMMUNIZED.

All students are **REQUIRED** to provide documentation of receiving their primary immunization series and boosters for each of the following vaccine-preventable diseases: *Diphtheria, Tetanus, Pertussis, Polio, Measles, Mumps, Rubella, Meningitis and Hepatitis B, and beginning in Fall 2021, COVID-19.* All students will also be screened for risk factors for TB (tuberculosis) through a screening questionnaire. The TB screening questions determine if students require TB skin tests, chest x-rays, and sputum evaluations. This is consistent with the Advisory Committee on Immunization Practices (ACIP) recommendations. See the CDC National Immunization Program Website for further information at <http://www.cdc.gov/vaccines/recs/default.htm>

Additionally, recommended vaccines are as follows:

- Serogroup B Meningitis may be administered to students in certain categories.
- Varicella should be given to students who have not had chickenpox.
- Hepatitis A should be considered for students who anticipate travel overseas.
- Typhoid should be considered for students who anticipate travel overseas.
- Yellow Fever should be considered for students who anticipate travel overseas.
- Annual Influenza is recommended to avoid complications in high-risk patients, to avoid academic disruption and to limit transmission to high-risk individuals.
- Pneumococcal polysaccharide is recommended for members of high-risk groups.
- HPV (human papillomavirus vaccine) is recommended for females 11-26 years of age, and males 11-21 years of age, other males 22-26 years of age may be vaccinated as well.

Ohio Wesleyan University (OWU) believes that the entire campus community is best served when every student is immunized. Ohio Wesleyan University will, however, allow students to petition for a medical or religious exemption that allows the non-immunized student to attend OWU. Students must provide medical or religious documentation that supports their petition.

**Medical exemptions/accommodations** will be considered if the student provides written certification from a licensed, treating medical provider that the physical condition or medical circumstances of the student are such that a vaccine is not considered safe for that individual.

**Religious exemptions/accommodations** will be considered if the student presents proof of membership in a religious denomination that has a known, documented objection to vaccinations.

OWU reserves the right to independently verify submitted documentation.

Students who petition for a vaccination exemption are **REQUIRED** to meet with a staff member to review their petition and sign and discuss a waiver prior to being eligible to attend any classes or activities, if approved.

The following are potential restrictions for non-immunized students who are approved for an exemption:

- Non-immunized students may be restricted from participating in athletics and other student activities or presence at group gatherings.
- Non-immunized students may not be permitted to travel on an OWU-sponsored trip or travel learning course.
- Non-immunized students may be required to reside in designated areas on campus to reduce the potential for contraction or transmission of disease or viruses.
- Non-immunized students may be required to leave campus should the university believe that cases of one of the above vaccine-preventable diseases cannot be effectively mitigated in a manner that effectively manages the risk for non-immunized students. The student may return to class and/or living arrangements when the county Health Department and/or the OWU Dean of Students office deem it safe for the student and campus community. If the reason for non-immunization is not because of a disability, the student will be responsible for any loss of fees, loss of credit hours, and/or missed assignments associated with this leave.
- Non-immunized students may need to have their living arrangements changed should any of their living partners have a health condition that would put them in danger or should the non-immunized person develop a disease that they are not protected against.

# Ohio Wesleyan University Petition for Vaccination Exemption

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

By signing below, I indicate that OWU Student Health or other University Staff has advised me of the OWU Immunization Policy and I understand that it is required I receive the following vaccines: Diphtheria, Tetanus, Pertussis, Polio, Measles, Mumps, Rubella, Meningitis, Hepatitis B and COVID-19.

I have read the Center for Disease Control and Prevention's (CDC) Vaccine Information Sheets explaining the vaccines and the diseases they prevent, which can be found at <http://www.cdc.gov/vaccines/index.html>. I had the opportunity to discuss these with a healthcare professional, who has answered all of my questions regarding the required vaccines. I understand the following:

- The purpose of and the need for the required vaccine(s)
- The risks and benefits of the required vaccine(s)
- If I do not receive the vaccine(s), the consequences may include:
  - contracting the illness the vaccine should prevent
  - transmitting the disease to others
  - restrictions from activities as outlined in the immunization policy
  - the need for me to stay out of the residence halls, classes and university events and programs during disease outbreaks

I know that failure to follow the recommendations about vaccination may endanger my health and life and others that I may come into contact with.

I know that I may re-address this issue with my healthcare provider or the OWU Student Health Center at any time and that I may change my mind and accept vaccination for myself anytime in the future.

I acknowledge that I have read this document in its entirety and fully understand it. I authorize the use and/or disclosure of these records to Ohio Wesleyan University administrators involved with the health and safety of the university community.

Nevertheless, I have decided to decline the following required vaccines, indicated by initialing the line next to the declined vaccine-preventable diseases.

_____ Diphtheria	_____ Tetanus	_____ Pertussis
_____ Measles	_____ Mumps	_____ Rubella
_____ Hepatitis B	_____ Polio	_____ Meningitis
_____ COVID-19	_____ Other: _____	

Reason(s) for exemption petition (please attach any supporting documentation):

---

---

---

\*\*\*\*\*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If under 18yrs old, Parent/Guardian: \_\_\_\_\_ Signature: \_\_\_\_\_

OWU Health Center or Dean of Students Staff Signature: \_\_\_\_\_