

Ohio Wesleyan University Immunization Policy & Vaccination Exemption Request

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, Hepatitis B, and 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>

Recommended vaccines are as followed:

- 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, consider an exemption based on medical, religious or conscience reasons that allows the non-immunized student to attend OWU. The following are instances when the non-immunized student may be restricted by this exemption:

- Students deficient in any of the above immunizations may not be allowed to travel on an OWU-sponsored trip/travel learning course.
- Students may be required to leave campus should a case of one of the above vaccine-preventable diseases occur on the OWU campus. The student may return to class and/or living arrangements when the county health department and/or their healthcare provider deem it safe for the student and campus community. The student is 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.
- Non-immunized students must cooperate with any isolation or quarantine protocols that the university deems necessary should they be exposed to or contract a communicable disease.

Ohio Wesleyan University Vaccination Exemption Request

Patient Name: _____ Birthdate: _____

By signing below, I acknowledge 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 online explaining the vaccines and the diseases they prevent, which can be found at <http://www.cdc.gov/vaccines/hcp/vis/index.html>. I have discussed this with my healthcare provider. 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
 - the need for me to stay out of the residence halls, classes and university events and programs during disease outbreaks
 - required isolation/quarantine if I am exposed to or contract one of these illnesses

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 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 agree to allow the OWU Health Center to share relevant vaccine information with the University as needed.

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: _____	

My reason for exemption is:

Patient Signature: _____ Date: _____

If under 18yrs old, Parent/Guardian: _____ Signature: _____