Ohio Wesleyan University
Immunization Policy & Refusal to Vaccinate

*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, Hepatitis B and Meningitis**. 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 Web site for further information at: [http://www.cdc.gov/vaccines/recs/default.htm](http://www.cdc.gov/vaccines/recs/default.htm)

Recommended vaccines are as followed:

- Varicella should be given to students who have not had chicken pox.
- 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 (asthma, current history of smoking for college students 19 to 64 years old, diabetes mellitus etc.).
- 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 a non-medical exemption that allows the non-immunized student to attend OWU. Those individuals are **REQUIRED** to meet with a staff member to sign and discuss a waiver prior to being eligible to attend any classes. 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 the OWU Medical Consultant 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 which they are not protected against.

**WHAT WOULD HAPPEN IF WE WERE TO STOP VACCINATIONS?**

*The CDC explains this at [http://www.cdc.gov/vaccines/vac-gen/whatifstop.htm](http://www.cdc.gov/vaccines/vac-gen/whatifstop.htm)*
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Patient Name: ___________________________ Birthdate: _______________________

By signing below, I indicate that OWU Student Health 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, Hepatitis B and Meningitis.**

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/hcp/vis/index.html](http://www.cdc.gov/vaccines/hcp/vis/index.html).

I had the opportunity to discuss these with a health care 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
  - ✗ the need for me to stay out of the residence halls and classes 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 health care 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.

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  Other: _______________________

My reason for exemption is:___________________________________________________________________________

Patient Signature:______________________________ Date:____________________________

*If under 18yrs old, Parent/Guardian: ___________________________ Signature:____________________________

OWU Health Center Staff Signature:___________________________________________________________________