

Valparaiso University Health Center Valparaiso, Indiana	Policy & Procedure
Owner: VU Health Center	Policy Origin Date: 2008
Function: Quality, Infection Control	Effective Date: 09/25/2008 Revised: 05/25/2010, 03/02/2011
Department(s): Health Center	Reviewed/Recommended By: Health Center Director
Scope: Registered Nurse, Nurse Practitioner, Medical Assistant, Administrative Assistant	Approved By:
	Approval Date:

Immunization Exemptions

Departments Affected: Health Center

Scope of Practice: All Health Center staff

Policy Statement:

It is law that young adults attending post-secondary schools in the State of Indiana be immunized against or show proof of immunity to certain vaccine preventable and communicable diseases (IC 20-12-71). Exemptions allowed by state law must be documented in the individual's health record.

Procedure:

- A.** The student and/or parent shall contact the Health Center and request an exemption form.
- B.** Health Center staff should ascertain which type of exemption the student and/or parent is requesting and whether or not they would like to have the forms sent electronically, via email, fax, or by U.S. mail.
- C.** If the student is age 18 or older, the student must sign the Request for Exemption from Immunizations. If the student is under the age of 18, both the student and the parent or legal guardian must sign the Request for Exemption from Immunizations.
- D.** All students who have exemptions from immunizations will be immediately excluded from all campus activities (classes, residence halls, work, extra curricular and co-curricular activities, etc.) upon notification of any case of Measles, Mumps, or Rubella on or near campus. The student will not be permitted to return to campus for any reason until cleared by the Health Center and the Porter County Health Department (a minimum of one period of communicability of the disease).

1. Medical Exemption

- a. A physician or clinic offering immunizations must document valid medical exemptions. The exemption shall be for a medical contraindication in accordance with the recommendations of the Advisory Committee on Immunization practices.
- b. A **Health Center Request for Exemption** form will need to be completed and signed as well. Both will be placed in the student's permanent health record.
- c. The **Valparaiso University Medical Exemption** form stating the reason for the student's medical exemption and whether it is permanent or temporary is required and must be submitted for the exemption to be valid and approved.

2. Religious Exemption

- a. Religious exemptions to vaccinations are also accepted and must be submitted on the **Health Center Request for Exemption** form.
- b. The form will be placed in the student's permanent health record.

3. Philosophical/Personal Belief Exemption

- a. At this time, Indiana does not permit exemptions for philosophical/personal reasons.

4. Students who are approved for immunization exemption will be required to leave campus if an outbreak of any vaccine preventable diseases listed in IC 20-12-71 occurs on or near campus.

5. Students will not be reimbursed or compensated for lost class time incurred as a result of this leave of absence.

6. Students have the right to revoke the exemption at any time by providing required proof of immunization or immunity.



MEDICAL EXEMPTION TO IMMUNIZATION

STUDENT'S NAME _____ DATE OF BIRTH _____

ADDRESS _____

PHONE _____ DATE ENTERING UNIVERSITY _____

Indicate class year: freshman ___ sophomore ___ junior ___ senior ___ graduate ___ law student ___

To be completed by physician:

1. Measles (rubeola) (check one)

Date of physician-diagnosed measles disease Date: ___/___/___

Has an immune titer (specify date of test) Date: ___/___/___

(Probable duration of contraindication)

2. Rubella (German Measles) Immunity (check one)

Has an immune titer (specify date of test) Date: ___/___/___

(Physician diagnosis is NOT acceptable)

(Probable duration of contraindication)

3. Mumps Immunity (check one)

Date of physician-diagnosed mumps disease Date: ___/___/___

Has an immune titer (specify date of test) Date: ___/___/___

(Probable duration of contraindication)

4. Tetanus, Diphtheria Immunity (check one)

(Probable duration of contraindication)

*Medical contraindication to Vaccine must be in accordance with recommendations of Advisory committee on Immunization Practices.

Signature and address of PHYSICIAN or CLINIC providing information:

Name: _____ Phone:(____)_____

Address: _____

Signature: _____ Date: ___/___/___



**Valparaiso
University**

**Valparaiso University
Student Health Center
Request for Exemption from Immunizations**

I, _____, request an exemption from the
(Student Name)

immunizations required by the State of Indiana. I have read and understand the policy regarding exempt status. I understand that if there is an outbreak of a vaccine-preventable disease on or near campus, that I will be immediately excluded from all campus activities (classes, residence halls, work, extra curricular and co-curricular activities, etc.) upon notification of any case of vaccine preventable communicable disease. I understand that I will not be permitted to return to campus for any reason until cleared by the Health Center and the Porter County Health Department to do so (a minimum of one period of communicability of the disease). Further, I understand that the University is under no obligation to compensate me for missed course work.

_____ **I am requesting an exemption for medical reasons. I have attached the Valparaiso University Medical Exemption form which has been completed and signed by a physician.**

_____ **I am requesting an exemption for religious reasons.**

Student Signature

Parent Signature (if student is under age 18)

Health Center Use Only: _____

Date of Inquiry & Initials: _____
Date Packet Sent & Initials: _____
Date Received & Initials: _____