

Immunization Waiver - Hope College Health Center

According to the Hope College pre-enrollment immunization policy, all students are required to provide documentation of receiving their primary immunization series for each of the following vaccine-preventable diseases: Diphtheria, Pertussis, Tetanus, Polio, Measles, Mumps, Rubella, and Hepatitis B. Immunization with Varicella vaccine is also required if the Hope student did not have chickenpox before entering Hope College.

Hope College believes that the entire campus community is best-served when every student is immunized. Please refer to the information enclosed from the CDC that supports this statement. Hope College will, however, consider an exemption which allows the non-immunized student to attend Hope College. The following are instances when the non-immunized student will be restricted due to this exemption:

RESTRICTIONS TO THIS WAIVER INCLUDE

1. Travel:

- Students deficient in any of the above immunizations **WILL NOT** be allowed to travel outside of the USA on a Hope-sponsored trip. The non-immunized student will have the option to receive their primary immunizations in a timely manner and then be allowed to travel once their vaccines have been completed.
- Students **MAY NOT** be allowed to travel within the USA with a Hope-sponsored trip if the planned trip will put the non-immunized student, or any participant of the group, at a greater health risk.

2. Outbreak of disease:

- Students may be required to leave campus should a case of one of the above vaccine-preventable diseases occur on the Hope campus.
- The student may return to classes and/or living arrangements when the county public health officer and/or Hope Medical Director deem it to be 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.

3. Housing:

- A non-immunized student is responsible to inform all roommate/ housemate/ cluster mates that they have made the choice to not have vaccines against vaccine-preventable diseases. This allows the immunized student to identify any risks that could affect their health status and/or health condition.
- The non-immunized student may need to have their living arrangements changed should any of their living partners have a health condition that would put them in danger should the non-immunized person develop the disease to which they are not protected against.

4. Academic Major

- There may be some instances where students will not be allowed to defer immunizations due to their academic major. (i.e. nursing, education, athletic training)
- These students will be given a choice to complete their adult immunization series or to withdraw from their major.

By signing below I indicate that:

1. I object to the following required immunizations (check all that apply):

<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Measles	<input type="checkbox"/> Hepatitis B
<input type="checkbox"/> Tetanus	<input type="checkbox"/> Mumps	<input type="checkbox"/> Polio
<input type="checkbox"/> Pertussis	<input type="checkbox"/> Rubella	<input type="checkbox"/> Varicella

2. I have read and fully understand all of the restrictions that apply, *and are enforced*, by this waiver.
3. I have been provided the information sheet from the CDC regarding; “What Would Happen If We Stopped Vaccinations”.
4. I have been provided a copy of this form.
5. I may rescind this waiver at any point in time by undergoing the required immunizations.
6. I have made my parents aware of the college restrictions that are enforced as a result this waiver.
7. 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 Hope College and all of its officers, directors, employees, and agents from, and agree never to assert a claim against them for any liability resulting from or in any way related to my decision not to be immunized.

Name (print): _____ Date of Birth: _____

Signature: _____

Today's Date: _____

Parent Signature if under age 18: _____

What would happen if we stopped Vaccinations? Check out the CDC website @ www.cdc.gov/vaccines/vac-gen/whatifstop.htm