



Exemption Form for Required Vaccine Preventable Diseases

Student name _____ Student ID number _____

Section I: General Information

Immunizations offer safe and effective protection from vaccine-preventable diseases and outbreaks.

The United States is experiencing re-emergence of these diseases, in part due to factors such as un-immunized and under-immunized persons and global travel.

The American College Health Association (ACHA) strongly supports the use of vaccines to protect the health of our individual students and our campus communities. In recognition of the vital role that vaccine coverage plays in community immunity (herd immunity), ACHA discourages use of nonmedical exemptions to required vaccines.

Vaccines to reduce Outbreaks: Outbreaks, although much less common than sporadic disease occurrences, cause great disruption and emotional and financial burdens for campuses, students, and their families. Assuring compliance with the following immunization recommendations is particularly important in preventing disease clusters and outbreaks on campuses.

Washington College requires vaccination, except where a bona fide religious or medical exemption has been granted, to help mitigate risk to our campus community and to support public health efforts in disease containment.

Types of exemption considered:

Medical Exemption

A medical exemption may be granted to any student having specific medical conditions that preclude the student from receiving vaccinations. All medical exemptions require the student's practitioner to complete the attached appropriate certification

Religious Exemption

A religious exemption may be granted to any student having specific bona fide religious beliefs and practices that preclude the student from receiving vaccinations. Students seeking religious exemption must complete the form in Section IV below.

This exemption does not apply if there has been a declared emergency or disease epidemic by the Secretary of the Maryland Department of Health per Maryland Code of Regulations.

Section II: Required Vaccine Preventable Diseases *(please check off the vaccines from which you are requesting an exemption):*

Measles, Mumps, Rubella Information (MMR)

To prevent the risk of measles, mumps or rubella outbreak on campus, Washington College requires enrolled students to be immunized with 2 does of MMR vaccine.

Tetanus, Diphtheria and Pertussis Information (TDAP)

To prevent the risk of outbreak of Tetanus, Diphtheria and Pertussis on campus, Washington College requires enrolled students to be immunized with primary vaccine series and proof of booster within the 10 years prior to arriving on campus.



Exemption Form for Required Vaccine Preventable Diseases (cont.)

Varicella Information

To prevent the risk of Varicella (chickenpox) outbreak on campus, Washington College requires enrolled students to be immunized with 2 doses of Varicella vaccine.

Polio Information

To prevent the risk of polio outbreak on campus, Washington College requires enrolled students to have completed the primary series of polio immunizations.

Hepatitis B Information

Washington College requires enrolled students to have completed a 3-dose series of Hepatitis B immunizations.



Section III: All Medical Exemptions require Provider Certification: (Providers-See the CDC guidance regarding contraindications for vaccine preventable diseases)

Medical Provider Certification of Contraindication to one or more above vaccines: I certify that my patient (named above) should not be vaccinated against: (list applicable vaccine or all vaccines)

_____ because they have one of the following contraindications:

Documented anaphylactic allergic reaction or other severe adverse reaction to vaccine – e.g., cardiovascular changes, respiratory distress, or history of treatment with epinephrine or other emergency medical attention to control symptoms. Generally, does not include gastro-intestinal symptoms as the sole presentation of allergy. Describe the specific reaction:

Documented allergy to a component of the vaccine – does not include sore arm, local reaction or subsequent respiratory tract infection. Describe the specific reaction:

Another documented contraindication. Please Explain: _____

This form is good for one (1) year from the date it is signed.

Signature of Healthcare Provider: _____ Date _____

Name (print): _____

Address/Phone or Clinic Stamp:



Exemption Form for Required Vaccine Preventable Diseases (cont.)

Section IV: Religious Beliefs Exemption Request (to be completed by student or guardian if student under 18)

Requests for exemption based on religious beliefs: if the bona fide religious beliefs of a student (or the parent, guardian if under age 18) are contrary to the immunization requirement for one or more of the vaccine preventable diseases checked above, the student will be exempt of the requirement upon submission of a written statement below of the bona fide religious beliefs contrary to the immunization requirement. (attach additional pages if needed)

Signature: _____ Date: _____

Assumption of Risks: I have read and understand the COVID-19 vaccine information above and I understand the risks and benefits of the vaccine(s) and the booster dose. I hereby acknowledge that I have specific bona fide religious beliefs precluding vaccination at this time and assume all risks associated with foregoing vaccination, including the risk that I may be exposed to or become sick with COVID-19. This assumption of risk includes the possibility that I may be required to isolate or quarantine per Washington College protocols and that I may be required to undergo mandatory COVID testing on a regular basis during the academic year. I also understand that I may be required to wear a mask at all times on campus except when in my private bedroom or while dining. I agree to comply with the College’s risk mitigation measures and to immediately notify the Health Center if I test positive for COVID-19 or I have had direct contact with someone with the virus. This form is good for 1 year from the date it is signed.

Printed name student

Signature of individual aged 18 or older

Date

Signature of parent/guardian for individuals under age 18 years

Date



Please check the appropriate vaccine(s) exemption in the Required list above.

I understand that I (my child) may be required to leave campus for up to two weeks after the last confirmed case of a disease on campus if I (my child) am/is not immune by proof of immunity, completion of the vaccine series or documentation of a case of the disease by a medical practitioner.

Printed name of individual

Signature of individual aged 18 or older

Date

Signature of parent/guardian for individuals under age 18 years

Date



Exemption Form for Required Meningitis Vaccine

Student name _____ Student ID number _____

Section I: General Information

What you need to Know about meningococcal disease and the vaccine

Effective 2001, Maryland law requires that an individual enrolled in an institution of higher education in Maryland who resides in on-campus student housing must be vaccinated against meningococcal disease. An individual may be exempt from this requirement if (1) the institution of higher education provides the individual or the individual's parent or guardian if the individual is a minor (under 18 years of age) detailed information on the risks associated with meningococcal disease and the availability and effectiveness of any vaccine, and (2) the individual or a minor individual's parent or guardian signs a waiver stating that the individual or the parent or guardian has received and reviewed the information provided and has chosen that the individual will not be vaccinated against meningococcal disease.

What is meningococcal disease?

Meningococcal disease is a rare but life-threatening illness, caused by the bacterium, *Neisseria meningitidis*. It is a leading cause of bacterial meningitis (an infection of the brain and spinal cord coverings) in the United States. The most severe form of the disease is meningococemia, infection of the bloodstream by this bacterium.

Deaths from meningococcal disease have occurred among Maryland college students in recent years. Students living in dormitories or residence halls are at increased risk. The Maryland Department of Health and Mental Hygiene encourages meningococcal vaccination of higher education students.

About 2,600 people get meningococcal disease each year in the U.S. 10-15% of these people die, in spite of treatment with antibiotics. Of those who live, 10% lose their arms or legs, become deaf, have problems with their nervous systems, become mentally impaired, or suffer seizures or strokes.

About the meningitis vaccine

Meningococcal vaccine (A, C, Y, W) can be effective in preventing four types of meningococcal disease. The vaccine is not effective in preventing all types of the disease, but it does help to protect many people who might become sick if they don't get the vaccine. Drugs such as penicillin can be used to treat meningococcal infection. Still, about one out of every ten people who get the disease dies from it, and many others are affected for life.

A vaccine, like any medicine, is capable of causing serious problems, such as severe allergic reaction. People should not get meningococcal vaccine if they have ever had a serious allergic reaction to a previous dose of meningococcal vaccine. Some people who get meningococcal vaccine have mild side effects, such as redness or pain where the shot was given (which is usually under the skin of the upper arm). A small percentage of people who receive the vaccine develop a fever. The vaccine may be given to pregnant women.

Meningococcal vaccine is available in some pharmacies, travel clinics, some county health departments, and the offices of some health providers.

Section II: Required Meningitis Vaccine Types A,C,Y,W

- Meningitis Information: Meningococcal Quadrivalent (A, C W, Y) vaccine**



Exemption Form for Required Meningitis Vaccine (cont.)

The Centers for Disease Control and the American College Health Association (ACHA) have advised that students 21 years of age and younger should have documentation of a dose of conjugate vaccine at ≥ 16 years of age. The booster dose can be administered any time after the 16th birthday.

I have received and reviewed the information available on the risks associated with meningococcal disease, and the effectiveness and availability of the vaccine. I understand that meningococcal disease is a rare but life-threatening disease. I understand that Maryland law requires an individual enrolled in an institution of higher education in Maryland who resides in on-campus housing shall receive vaccination against meningococcal disease unless the individual has received detailed information on the risks associated with meningococcal disease and the availability and effectiveness of the vaccine but has chosen not to be vaccinated. I certify that I, on behalf of myself and/or my child, choose not to have the undersigned student receive meningitis vaccination.

Printed name of individual

Signature of individual aged 18 or older

Date

Signature of parent/guardian for individuals under age 18 years

Date