Immunization Waiver - Hope College Health Center

According to the Hope College pre-enrollment immunization policy, all students are required to provide documentation of primary vaccine series for each of the following vaccine-preventable diseases: Diphtheria, Pertussis, Tetanus, Polio, Measles, Mumps, Rubella, Meningococcal disease and Hepatitis B. Immunization with Varicella vaccine is also required if the Hope student did not have chickenpox disease 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. [www.cdc.gov/vaccines/vac-gen/whatifstop.htm](http://www.cdc.gov/vaccines/vac-gen/whatifstop.htm)

Hope College will, however, consider an exemption which allows the non-immunized student to attend Hope College. **Student’s must read and complete our immunization waiver form at the start of each academic year.** Students not updating this form each year will have a hold placed onto their registration. This form outlines the restrictions that are enforced for students who have chosen to be non-immunized.

**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, or our greater campus community at a 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. health care professions including: nursing, pre-med, 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):
   ___Diphtheria  ___Measles  ___Hepatitis B  ___Polio
   ___Tetanus  ___Mumps  ___Meningococcal
   ___Pertussis  ___Rubella  ___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, and read, the information sheet from the CDC regarding: “What Would Happen If We Stopped Vaccinations”.

4. I have kept a copy of this form for my future reference.

5. I understand that I must review and sign a new waiver form each academic year if I choose to remain non-immunized.

6. I may rescind this waiver at any point in time by undergoing the required immunizations.

7. I have made my parents aware of the college restrictions that are enforced as a result this waiver.

8. Student’s must submit a statement here explaining the reason they have chosen to be non-immunized:

9. 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 only if under age 18: ________________________________

Return form to: Hope Health Center
                168 E. 13th Street
                Holland, MI  49423