

Immunization Waiver Policy



Hope College firmly believes that our students should receive all of the recommended vaccines according to the schedule published by the Centers for Disease Control and prevention. Students enrolled with full-time status are required to be current with their vaccinations. This includes the following vaccine preventable diseases; Diphtheria, Pertussis, Tetanus, Polio, Measles, Mumps, Rubella, Meningococcal (MCV4), Hepatitis B, and Varicella. Hope College firmly believes in the effectiveness of vaccines to prevent serious illness and to save lives.

This said, we recognize that there has always been and will likely always be controversy surrounding vaccination. Indeed, Benjamin Franklin, persuaded by his brother, was opposed to smallpox vaccine until scientific data convinced him otherwise. Tragically, he delayed inoculating his son Franky. The boy contracted smallpox and died at the age of 4, leaving Franklin with a lifetime of guilt and remorse. In his autobiography, Franklin wrote:

"In 1736, I lost one of my sons, a fine boy of four years old, by the smallpox...I long regretted bitterly, and still regret that I had not given it to him by inoculation. This I mention for the sake of parents who omit that operation, on the supposition that they should never forgive themselves if a child died under it, my example showing that the regret may be the same either way, and that, therefore, the safer should be chosen"

The vaccine campaign is truly a victim of its own success. It is precisely because vaccines are so effective at preventing illness that we are even discussing whether or not they should be given. Because of vaccines, many of you have never seen someone with polio, tetanus, whooping cough, bacterial meningitis, or even measles. Many do not know of a family member or friend who has died from a vaccine-preventable illness. Success has caused people to become complacent and even lazy about vaccinating.

When you don't vaccinate, you take a significant risk with your health and the health of others around you. By not vaccinating, you also take selfish advantage of thousands of others who have chosen vaccination. Their understanding of the importance of herd immunity is protecting your overall risk to avoid a vaccine-preventable illness. We are making you aware of these facts not to scare or coerce you, but to emphasize the importance of vaccination for the greater good of the community.

Hope College will, however, consider an exemption which allows the non-immunized student to attend Hope College. Students are required to review and complete our Immunization Waiver policy at the start of each academic year. Students not updating this form each year will have a hold placed onto their class 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 required 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 immunizations in a timely manner and thus 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 required vaccine-preventable diseases occur on the Hope Campus and/or nearby community. This decision will be coordinated with the Ottawa County Health Department and the Hope College Medical Director.
- The student may return to classes/living arrangements when the county public health officer and /or Hope Medical Director deem it to be safe for the student and the surrounding 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 be vaccinated. 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.

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, nursing, pre-med, athletic training)
- These students will be given a choice to complete their immunization series or to withdraw from that major.

By signing below I indicate that:

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

Diphtheria	Measles	Hepatitis B	Varicella
Pertussis	Mumps	Meningitis (MCV4)	
Tetanus	Rubella	Polio	

2. I have read and fully understand all of the restrictions that apply, **and are enforced**, by this waiver.
3. I understand that the college will not refund any tuition or fees for my inability to attend or complete classes due to exclusion from campus or campus-related programs under the waiver policy.
4. I understand that I must review and sign a new waiver form each academic year if I choose to remain non-immunized.
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. Students must submit a statement here explaining the reason they have chosen to be non-immunized:

8. 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

Printed Name: _____ Date of Birth: _____

Signature: _____ Today's Date: _____

You may return this completed form to the Hope College Health Center

- Email: healthcenter@hope.edu
- Fax: 616.395.7585
- Mail: 168 E. 13th Street, Holland, MI 49423
- Upload in your Patient Portal under the UPLOAD tab (use immunization record)