

Immunization Waiver Policy

Hope College (the “College”) is committed to promoting the health and safety of its students and the College community. The College’s Immunization Waiver Policy (“Policy”) defines vaccination requirements for students and grounds upon which students may request waivers to these requirements. This Policy applies to all newly admitted and readmitted students who are enrolled at the College.

https://www.acha.org/documents/resources/guidelines/ACHA_Immunization_Recommendations_Feb2021.pdf

I. Required Immunizations

The College requires all students to submit documentation that they have received their primary series for the following vaccinations, subject to the exemptions described in Section II:

- a. Tdap (Tetanus-Diphtheria-Pertussis)
- b. Tetanus booster shot given in the last ten years
- c. Polio
- d. Measles, Mumps, & Rubella (MMR), 2 doses recorded
- e. Meningococcal (MCV4)
- f. Hepatitis B
- g. Varicella (Chicken Pox)

The College reserves the right to add additional vaccinations to this list at any time, in its sole discretion.

II. Immunization Waivers

The College grants exemptions from the immunization requirements contained in this Policy on limited grounds. If certain vaccinations are contraindicated due to a medical condition, a student may be exempt from those requirements. The student must submit an Immunization Waiver Request Form along with appropriate documentation to substantiate the need for a medical exemption. A student may also be exempt from immunization requirements when a vaccination conflicts with the student’s religious beliefs. The student must submit an Immunization Waiver Request Form along with a Declaration of Religious Objection.

Exemptions requests will not be considered if incomplete documentation is received. Each complete request is carefully reviewed, and a determination is made based on the information submitted. All requests are considered and reviewed, but approval is not guaranteed. Decisions are final and not subject to appeal. Students may provide a new request with new supporting documentation if information changes.

Immunization waivers are approved for one academic year. Students must review and complete the Immunization Request Form prior to the start of each academic year to request a waiver. Students who do not complete the Immunization Request Form and have not received all

mandatory vaccinations will have a hold placed on their class registration.

Students should be aware that certain academic majors require students to participate in clinical experiences for which there are external immunization requirements (e.g., health care professions, nursing, pre-med.) A student's inability to meet external immunization requirements may prevent placement in a clinical experience. While the College will make a reasonable attempt to find alternate clinical placements, students who are unable to participate in required clinical experiences will not be able to progress in the academic program and will be dismissed.

III. Students with an Approved Immunization Waiver

To protect their health and the health of other members of the College community, students with an approved exemption may be required to comply with health and safety directives while on campus and participating in the College's programs. Failure to comply with such directives may subject the student to disciplinary action, including suspension or dismissal from the College.

Students who do not have all required immunizations may be prohibited from traveling on a Hope sponsored trip if the College determines that the non-immunized student presents a health risk to any trip participant or any community member interacting with the trip participants.

Students who do not have all required immunizations may be excluded from classes, residential living facilities, and any sponsored activities on campus if a case of one of the diseases for which immunizations are required occurs on the College's campus and/or the surrounding community. Such students will not be permitted to return to campus and/or sponsored activities until the county public health officer and/or College Medical Director determine it is safe to do so. Students are solely responsible for the loss of fees, loss of credit hours, and missed class and assignments associated with this leave. The College will not refund any tuition or fees to a student who is unable to attend or complete classes due to removal from campus or campus-related programs pursuant to this Policy.

Students who receive an immunization waiver are strongly encouraged to inform their roommates/housemates/clustermates of their vaccination status so that those individuals can make informed decisions about their own health and safety

Immunization Waiver Request Form

Reason for Waiver Request

Check one:

I am requesting an immunization waiver based on a:

- Medical Exemption: **Attach documentation from a Medical Doctor, Osteopath, Nurse Practitioner, or Physician Assistant.**
- Religious Exemption: **Attach a Declaration of Religious Objection.** Please explain in your own words why you are seeking a religious exemption and the religious principles that guide your objection to immunization,

Immunizations:

I am requesting an immunization waiver from the following immunization(s): (Check all that apply)

- Diphtheria Measles, Mumps, & Rubella (MMR) Pertussis (Whooping Cough)
- Tetanus
- Polio Hepatitis B
- Meningococcal (MCV4) Varicella (Chicken Pox)

I verify that the information provided is complete and accurate to the best of my knowledge, and I understand that any intentional misrepresentation contained in this request may result in disciplinary action, up to and including dismissal from the College.

I understand that I must submit an Immunization Waiver Request Form prior to the start of each academic year in which I choose not to receive the required vaccination(s). I further understand that I may rescind this waiver at any time by receiving the required vaccination(s).

I understand and acknowledge that there are risks associated with not receiving all the College's required vaccinations. I hereby request this exemption as a free and voluntary act, without coercion of any kind. By submitting this form, I agree to assume all risks, both known and unknown.

By submitting this form, I agree to hold the College, its officers, directors, agents, and employees harmless for the consequences or effects of choosing not to receive a required vaccination and I agree not to assert a claim for any liability resulting from or related to not receiving a required vaccination.

Printed Name: _____ Date of Birth: _____

Signature: _____ Today's Date: _____

Please 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)