

CORNERSTONE UNIVERSITY STUDENT HEALTH SERVICES IMMUNIZATION EXEMPTION POLICY

As described in the Cornerstone University Student Health Services Entrance Health Requirements policy, all students must show proof of immunity with respect to the following preventable diseases prior to enrollment: measles, mumps, and rubella (MMR), tetanus, diphtheria, pertussis (covered by the Td, DT, DTP, and Tdap vaccines), polio, varicella (chicken pox), meningitis, and hepatitis B. In addition, the University requires that students self-screen for tuberculosis. If a student is considering traveling with a Cornerstone University program internationally, required and recommended vaccinations for that trip will be discussed with the student during the travel consult.

Occasionally, the University is asked to exempt a particular student from its immunization requirements. Because the University believes that the health and safety of its entire campus population is best protected when every student is immunized, it does not favor exemptions. The University will, however, consider a request for an exemption, but only under the following circumstances.

1) Medical Necessity

- a) **Medical Risk to the Student.** The College may exempt a student from one or more of the required immunizations based on a satisfactory written statement by a physician that: (1) describes the nature and probable duration of a medical condition or circumstance that contraindicates such immunization(s) and (2) identifies the specific immunization(s) that could be detrimental to the student's health.
- b) **Medical Risks to an Unborn Fetus.** Female students may be granted temporary exemption from immunization against measles, mumps, and rubella if a pregnancy or suspected pregnancy is certified by a physician's written statement.
- c) **Immunizations Scheduled, but Not Yet Completed.** If a student is on an approved schedule to receive all necessary doses of the required vaccines, the student may be granted a temporary medical exemption for the duration of the approved schedule.

2) Religious Objection

The University will consider granting an exemption based on a written statement **by the student** stating the specific sincerely held religious belief upon which the student's opposition to the required vaccinations is based and the theological basis for such belief.

The University will consider each exemption request on a case-by-case basis and make a determination whether to approve or deny the request after receiving the required documentation. Students who are granted an exemption must execute the University Immunization Waiver. **A student who has been exempted from a vaccination is considered susceptible to the listed preventable diseases for which vaccination offers immunization. An exempted student may be subject to exclusion from the campus and any University programs if any listed preventable disease occurs on or near campus, or the local or state public health authority advises exclusion as a disease control measure to a public health risk.**

Cornerstone University Student Health Services Immunizations Exemption Form

Cornerstone University believes that the health and safety of its entire campus population is best protected when every student is immunized and does not favor exemptions. Therefore, the University will only consider a request for exemption under the following circumstances:

1. Medical Necessity 2. Religious Objection

By signing this waiver, I, _____, DOB ____/____/____, or

[Parent/Guardian Name if Student Under 18] _____ on behalf of [Student Name]
_____ acknowledge and agree to the following:

Initials:

- ____ 1. I have consulted with a medical provider regarding the risks of refusing vaccinations.
- ____ 2. I have discussed the risks of waiving vaccinations with Cornerstone Health Services. (Make an appointment with Health Services.)
- ____ 3. I understand the risks and benefits of vaccinations and the potential risks of not receiving vaccinations.
- ____ 4. In the event of an outbreak of a vaccine-preventable disease for which I have not been vaccinated, I may be subject to exclusion from campus at the discretion of the Kent County Public Health Department, CU Director of Counseling, Health, and Wellness, or CU Dean of Students. My return to campus will be determined by Cornerstone based on public health risk.
- ____ 5. I accept full financial responsibility for the decision to waive vaccinations on behalf of myself or my child. I have been informed that the University will not refund any tuition or fees for a student's inability to attend or complete classes due to exclusion from campus under the waiver policy. I agree to fully release, discharge, indemnify and hold harmless Cornerstone University, its officers, employees, trustees, insurers and agents, from any and all costs, liability, expenses, claims, demands, injuries and other consequences resulting from declining any of the required vaccines.
- ____ 6. I understand that in the event that there is an outbreak and a necessary quarantine, Cornerstone will work with all students who have waived out of immunizations due to Medical Necessity or Religious Objection. The members of the academic leadership team and their representatives (including, when necessary, the Accommodations Review Committee) will work with faculty to create a plan for the particular situation on a case-by-case basis to evaluate class attendance requirements, availability of lecture notes and materials, dates for assignments and tests/quizzes, and course participation.
- ____ 7. I accept this exemption as a free and voluntary act, without coercion of any kind.
- ____ 8. Although I am aware that I am able to waive required vaccinations on behalf of myself or my child, for the purpose of a student taking domestic travel with Cornerstone University, I agree to fully release, discharge, indemnify and hold harmless Cornerstone University, its officers, employees, trustees, insurers, and agents, from any and all costs, liability, expenses, claims, demands, actions, or cases of action of any and all, known and unknown, foreseen and unforeseen loss or bodily injury and personal injuries and other consequences resulting from declining on behalf of myself or my child any of the required vaccines prior to travel with any off-campus University-sponsored program or event within the United States.
- ____ 9. I understand that a student is required to consult with Cornerstone Health Services to discuss recommended and required vaccinations if he/she plans to travel with a Cornerstone University-sponsored program/event outside the United States. In addition, if a student does not follow through before the date of travel, it could affect his/her ability to participate in the Cornerstone-sponsored trip/event. I have been informed that the University will not refund any tuition or fees to the student if they do not comply with the rules of this exemption.

I request exemption from the following required immunizations:

____ Diphtheria	____ Tetanus	____ Mumps	____ Polio	____ Hepatitis B
____ Pertussis	____ Measles	____ Rubella	____ Meningococcal	____ Varicella

1) Medical Necessity Exemption

Please attach required medical documentation to support the request for the above checked vaccine(s) that is/are medically contraindicated.

or

2) Religious Objection Exemption

Please state the specific sincerely held religious belief upon which your opposition to the vaccination(s) indicated above is based and the theological basis for such belief: Attach additional sheet(s) as necessary.

By signing this waiver, I acknowledge that I am placing myself and others at risk of serious illness should I contract a disease that could have been prevented through proper vaccination. I understand that this waiver is effective for the duration of my time at Cornerstone University.

Student's Signature: _____

Date: _____

Parent/Guardian Signature: _____
(if under the age of 18)

Date: _____

Cornerstone Health Services Educator (RN): _____

Date: _____