



Randolph-Macon
College
Ashland, Virginia

August 2013

Immunization Policy and Waiver

Randolph-Macon College follows the immunization guidelines adopted by the American College Health Association as well as the Code as defined by the State of Virginia Health Department (attached).

It is the policy of the College that all incoming students must be vaccinated against Diphtheria, Pertussis, Tetanus, Polio, Measles, Mumps, and Rubella. We also require Immunization against Meningitis and Hepatitis B. Students must present documentation noting their vaccination status via the Health History Form distributed prior to arrival to campus.

If there are personal, religious, or medical indications that preclude a student from vaccination, the student must sign a waiver. If the student is less than 18 years of age, the waiver must be signed by a parent or guardian.

Religious Exemption: Student must request, in writing, a form for religious waiver. The State of Virginia has a religious waiver form that is adopted by Randolph-Macon College.

Medical Exemption: To obtain medical exemption students must present a statement from a licensed physician which states that his physical condition is such that administration of one or more of the required immunizing agents would be detrimental to his health.

Personal/Philosophical Exemption: The Student must present, in writing, a personal statement noting the reasons why one has chosen not to vaccinate, documentation that one has read the CDC guidelines on vaccinations and risks and benefits related to vaccinations.

In the event a student does not provide documentation of appropriate vaccination or appropriate waivers for non-vaccination, the College reserves the right to place a hold on the student's account and/or dismiss the student from campus until these requirements are met.

It is the Policy of the College that in the event a vaccine preventable disease is contracted, the unvaccinated student and/or the student with the communicable disease will be removed from campus. This follows the recommendation of the local and state Health Departments. This is for the safety and protection of the affected student as well as the community at large.

If the unvaccinated student is asked to leave campus due to their immunization status in the event of a vaccine preventable disease outbreak, the college will not be responsible for financial implications as a result (including but not limited to travel, missed academic class time, physician bills/appointments/treatment).



Virginia Code on Immunization in Higher Education

§ 23-7.5. Health histories required; immunizations.

A. No full-time student shall be enrolled for the first time in any four-year, public institution of higher education in this Commonwealth unless he has furnished, before the beginning of the second semester or quarter of enrollment, a health history consistent with guidelines adopted by each institution's board of visitors, pursuant to the requirements of this section. Any student who fails to furnish the history will not be eligible for registration for the second semester or quarter. Any student who objects on religious grounds shall be exempt from the health history requirement set forth in this section.

B. The health history shall include documented evidence, provided by a licensed health professional or health facility, of the diseases for which the student has been immunized, the numbers of doses given, the dates when administered and any further immunizations indicated. Prior to enrollment, all students shall be immunized by vaccine against diphtheria, tetanus, poliomyelitis, measles (rubeola), German measles (rubella), and mumps according to the guidelines of the American College Health Association.

C. In addition to the immunization requirements set forth in subsection B, all incoming full-time students, prior to enrollment in any public four-year institution of higher education, shall be vaccinated against (i) meningococcal disease and (ii) hepatitis B.

However, if the institution of higher education provides the student or, if the student is a minor, the student's parent or other legal representative, detailed information on the risks associated with meningococcal disease and hepatitis B and on the availability and effectiveness of any vaccine, the student or, if the student is a minor, the student's parent or other legal representative may sign a written waiver stating that he has received and reviewed the information on meningococcal disease and hepatitis B and the availability and effectiveness of any vaccine and has chosen not to be or not to have the student vaccinated.

D. Any student shall be exempt from the immunization requirements set forth in this section who (i) objects on the grounds that administration of immunizing agents conflicts with his religious tenets or practices, unless an emergency or epidemic of disease has been declared by the Board of Health, or (ii) presents a statement from a licensed physician which states that his physical condition is such that administration of one or more of the required immunizing agents would be detrimental to his health.

E. The Board and Commissioner of Health shall cooperate with any board of visitors seeking assistance in the implementation of this section.

F. Further, the State Council of Higher Education shall, in cooperation with the Board and Commissioner of Health, encourage private colleges and universities to develop a procedure for providing information about the risks associated with meningococcal disease and hepatitis B and the availability and effectiveness of any vaccine against meningococcal disease and hepatitis B.



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COMMONWEALTH OF VIRGINIA CERTIFICATE OF RELIGIOUS EXEMPTION

Name _____ Birth Date _____

Student I.D. Number _____

The administration of immunizing agents conflicts with the above named student's/my religious tenets or practices. I understand, that in the occurrence of an outbreak, potential epidemic or epidemic of a vaccine-preventable disease in my/my child's school, the State Health Commissioner may order my/my child's exclusion from school, for my/my child's own protection, until the danger has passed.

Signature of parent/guardian/student Date

**I hereby affirm that this affidavit was signed in my presence on
This _____ Day of _____**

Notary Public Seal



IMMUNIZATION WAIVER

Date _____

Name _____

Date of Birth _____ Cell# _____

Circle any applicable immunizations:

Measles/Mumps/Rubella (MMR), Hepatitis B Hepatitis A Tetanus Polio

Varicella (chicken pox) Bacterial Meningitis **All immunizations**

***Medical Exemption**

<p>The physical condition of the above named individual is such that immunization would endanger life or health.</p> <p>Health Condition _____</p> <p>MD Signature _____</p> <p>Date _____ Phone Number _____</p>

***Personal Exemption**

<p>Please Explain: (additional space on back):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><i>I have read the CDC recommendations on vaccinations and understand the risks associated with my decision not to vaccinate or complete vaccination recommendations. http://www.cdc.gov/vaccines/</i></p> <p>Student Signature _____ Date _____</p>

*** Randolph-Macon College requires any student who is diagnosed with a communicable disease to remove themselves from campus immediately and be housed either at home or at another location of their choosing. Parents and students will have full responsibility for all costs incurred for travel home and/or off-campus housing.**

Also, in the case of an epidemic outbreak of a specific disease, it is plausible that public health officials could mandate a quarantine, thereby preventing non-immunized students access to any part of the campus.

I assume full personal responsibility for all financial and logistical issues that might occur resulting from waiving or delaying required immunizations.

Student Signature _____ Date _____

If under 18, parent or guardian signature _____

