Immunization Exemptions

Medical Exemption

A physician or clinic offering immunizations must document valid medical exemptions. The exemption shall be for a medical contraindication in accordance with the recommendations of the Center for Disease Control Advisory Committee on Immunization practices.

The student must complete a Health Center Request for Exemption form. The form will be placed in the student's permanent health record.

Also, The Valparaiso University Medical Exemption form stating the reason for the student's medical exemption and whether it is permanent or temporary is required and must be submitted for the exemption to be valid and approved.

Religious Exemption

Religious exemptions to vaccinations are also accepted and must be submitted on the Health Center Request for Exemption form. The form will be placed in the student's permanent health record.

Philosophical/Personal Belief Exemption

At this time, Indiana does not permit exemptions for philosophical/personal reasons.

Students who are approved for immunization exemption will be required to leave campus if an outbreak of any vaccine preventable diseases listed in IC 20-12-71 occurs on or near campus.

Students will not be reimbursed or compensated for lost class time incurred as a result of this leave of absence.

Students have the right to revoke the exemption at any time by providing required proof of immunization or immunity.

Valparaiso University

MEDICAL EXEMPTION TO IMMUNIZATION

STUDENT'S NAME_____ DATE OF BIRTH_____

ADDRESS _____

PHONE_____ DATE ENTERING UNIVERSITY _____

Indicate class year: freshman___ sophomore___ junior___ senior___ graduate___ law student___

To be completed by physician:

1. **Measles (rubeola) (check one)**

☐ Date of physician-diagnosed measles disease Date: ___/___/___

☐ Has an immune titer (specify date of test) Date: ___/___/___

☐ _____ _____

(Probable duration of contraindication)

2. **Rubella (German Measles) Immunity (check one)**

☐ Has an immune titer (specify date of test) Date: ___/___/___

☐ (Physician diagnosis is NOT acceptable)

☐ _____ _____

(Probable duration of contraindication)

3. **Mumps Immunity (check one)**

☐ Date of physician-diagnosed mumps disease Date: ___/___/___

☐ Has an immune titer (specify date of test) Date: ___/___/___

☐ _____ _____

(Probable duration of contraindication)

4. **Tetanus, Diphtheria Immunity (check one)**

☐ _____ _____

(Probable duration of contraindication)

*Medical contraindication to Vaccine must be in accordance with recommendations of Advisory committee on Immunization Practices.

Signature and address of Provider or CLINIC providing information:

Name: _____ Phone:(___)_____

Address:_____

Signature:_____ Date:___/___/___

Valparaiso University
Student Health Center
Request for Exemption from Immunizations

I, _____, request an exemption from the
(Student Name)

immunizations required by the State of Indiana. I have read and understand the policy regarding exempt status. I understand that if there is an outbreak of a vaccine-preventable disease on or near campus, that I will be immediately excluded from all campus activities (classes, residence halls, work, extra curricular and co-curricular activities, etc.) upon notification of any case of vaccine preventable communicable disease. I understand that I will not be permitted to return to campus for any reason until cleared by the Health Center and the Porter County Health Department to do so (a minimum of one period of communicability of the disease). Further, I understand that the University is under no obligation to compensate me for missed course work.

_____ **I am requesting an exemption for medical reasons. I have attached the Valparaiso University Medical Exemption form which has been completed and signed by a physician.**

_____ **I am requesting an exemption for religious reasons. I have attached a note from my clergy on his or her letterhead.**

_____
Student Signature

_____
Parent Signature (if student is under age 18)