Wesleyan University – Davison Health Center
Policy on Religious Immunization Exemptions
May 2020

Policy: Wesleyan University follows Connecticut State Law which delineates immunization requirements for students attending institutions of higher learning (Connecticut General Statute 10-204a and 19a-7f).

A Religious Exemption does not need supporting documentation, other than a clear written statement from the student describing their sincere religious beliefs.

Procedure:
• Information on immunization exemptions can be found below.
• Students wishing to request an exemption must complete the “Immunization Exemption Request Form.” This must be completed by the student and NOT a parent/guardian.
• The form provides space for the student to include a statement about their sincere religious beliefs.
• The form also provides an informed consent, which clearly specifies the risks to the student, and the consequences if an outbreak does occur.
• Blood titers are suggested for Measles, Mumps, Rubella and Varicella, but are not required. If the blood titers are positive, the student will not need the immunization, and will be considered to have met the immunization requirement as they are immune. If the blood titers are not done, or are negative, the student will be considered susceptible to the illness, and would need to leave campus if an outbreak occurred.
• The Immunization Exemption Request Form and supporting information will be reviewed by one of the chart review clinicians, the medical director, or designee. They will determine whether the exemption is reasonable and whether it is supported by the documentation.
• A member of the Health Center staff will relay the decision to the student.
• The Health Center Director will keep a spreadsheet of all students who are approved for an exemption—so the information will be readily available and retrievable in case of an outbreak.

Thomas McLarney, MD, Medical Director
Wesleyan University – Davison Health Center
Religious Immunization Exemption Request Form

I am requesting an immunization exemption based on one of the following criteria:

☐ I request a religious exemption based on my sincere religious beliefs. Please provide reason in space below:

Informed Consent:
I understand and agree to the following if my request is granted:

• I understand that infectious illness can spread easily in a school environment. There have been increasing numbers of measles and mumps outbreaks over the past several years in US institutions of higher education.

• I understand that being unimmunized puts me at greater risk of serious personal illness and/or medical complications, including possible death, resulting from an infectious illness outbreak.

• If an outbreak of a vaccine-preventable illness occurs and/or if I am exposed or become subject to a vaccine-preventable illness, I may be required to leave campus for the duration of the outbreak and will accept the associated academic consequences up to and including withdrawal from the University.

• In the event of an emergency or epidemic of disease declared by the Department of Public Health, this exemption will be revoked and I may be required to leave campus for the duration of the emergency or epidemic and will accept the associated academic consequences up to and including withdrawal from the University.

Name: ___________________________ Date of Birth: ________________

Signature: ___________________________ Date: ________________

Email: ___________________________ Wesleyan ID# ________________

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