Wesleyan University – Davison Health Center
Policy on Medical 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 Medical Exemption must be supported by a letter from the student’s medical clinician, stating the immunization(s) from which the student is exempt, and the medical reason for the exemption.

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 medical problem.
- 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
I am requesting an immunization exemption based on one of the following criteria:

☐ I request a medical exemption because of a medical contraindication to immunization. 
Attach and upload letter from medical clinician stating which immunizations are contraindicated and the medical reason.

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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