

Immunization Waiver – Kenyon College Health Center

All students are required to provide documentation of receiving their primary immunization series for each of the following vaccine-preventable diseases: Diphtheria, Pertussis, Tetanus, Polio, Measles, Mumps, Rubella, and Hepatitis B. Immunization with the Varicella vaccine is also required if the Kenyon student did not have chickenpox before entering Kenyon College.

Kenyon College believes that the entire campus community is best-served when every student is immunized. Kenyon College will, however, consider an exemption that allows the non-immunized student to attend Kenyon College for personal or religious reasons. The following are instances when the non-immunized student may be restricted due to this exemption:

RESTRICTIONS TO THIS WAIVER INCLUDE

1. Travel:

- Students deficient in any of the above immunizations MAY NOT be allowed to travel outside of the USA on a Kenyon-sponsored trip. Non-immunized students will have the option to receive their primary immunizations in a timely manner and then be allowed to travel once their vaccines have been completed.
- Students MAY NOT be allowed to travel within the USA with a Kenyon sponsored trip if the planned trip will put the non-immunized student, or any participant of the group, at a greater health risk.

2. Outbreak of disease:

- Students may be required to leave campus should a case of one of the above vaccine- preventable diseases occur on the Kenyon campus.
- The student may return to classes and/or living arrangements when the county public health officer and/or Kenyon Medical Director deem it to be safe for the student and campus community.
- The student is responsible for any loss of fees, loss of credit hours, and/or missed assignments associated with this leave.

3. Housing:

- Non-immunized students may need to have their living arrangements changed should any of their living partners have a health condition that would put them in danger should the non-immunized person develop the disease against which they are not protected.

By signing below I indicate that:

1. I object to the following required immunizations (check all that apply):

<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Measles	<input type="checkbox"/> Hepatitis B
<input type="checkbox"/> Tetanus	<input type="checkbox"/> Mumps	<input type="checkbox"/> Polio
<input type="checkbox"/> Pertussis	<input type="checkbox"/> Rubella	<input type="checkbox"/> Varicella

Reason for exemption:

2. I have read and fully understand all of the restrictions that apply, and are enforced, by this waiver.
3. I have been provided a copy of this form.
4. I may rescind this waiver at any point in time by undergoing the required immunizations.
5. Understanding the risks of non-immunization, I hereby request this exemption as a free and voluntary act, without coercion of any kind. I further hereby assume each and every risk of non-immunization, and I release Kenyon College and all of its officers, directors, employees, and agents from, and agree never to assert a claim against them for any liability resulting from or in any way related to my decision not to be immunized.

Name (print): _____ Date of Birth: _____

Signature: _____

Today's Date: _____

Parent Signature if under age 18: _____

What would happen if we stopped Vaccinations? Check out the CDC website @ www.cdc.gov/vaccines/vac-gen/whatifstop.htm