

Immunization Exemptions

Medical Exemption (IC 21-40-5-4; Valparaiso University Immunization Guideline)

The Medical Exemption form states the reason for the student's medical exemption and must be submitted with the Request for an Exemption form for the exemption to be approved.

A medical provider or clinic offering immunizations must complete the Medical Exemption form. The exemption must be for a medical contraindication in accordance with the recommendations of the Center for Disease Control Advisory Committee on Immunization Practices. <https://www.cdc.gov/vaccines/acip/index.html>

The student must complete a Valparaiso University Request for Exemption form. These forms will be placed in the student's permanent health record.

Religious Exemption (IC 21-40-5-6; Valparaiso University Immunization Exemption Guideline)

Religious exemptions to vaccinations must be submitted on the Valparaiso University Request for Exemption form. For approval, the student must include a personal religious protest/explanation statement with a letter of support from a leader from their congregation on official letterhead.

These forms will be placed in the student's permanent health record.

College of Nursing and Health Profession's contracted clinical sites do not accept religious exemptions. Clinicals are required for most CONHP degree tracks.

Philosophical/Personal Belief Exemption

The State of Indiana and Valparaiso University do not permit exemptions for philosophical/personal reasons.

NOTE:

Students who are approved for immunization exemption will be required to leave campus if an outbreak of any vaccine-preventable diseases listed in IC 21-40-5-2 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

Request for Exemption from Immunizations**

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

immunizations required by the State of Indiana and Valparaiso University. 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, I will be immediately excluded from all campus activities (classes, residence halls, work, extracurricular 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 Valparaiso University Health Center and 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 coursework.

_____ **I am requesting an exemption for medical reasons. I have attached the Valparaiso University Medical Exemption form which has been completed and signed by my provider (IC 21-40-5-4, Valparaiso University Immunization Exemption Guideline).**

_____ **I am requesting an exemption for religious reasons. I have attached my personal religious protest/explanation statement with a letter of support from a leader from my congregation on official letterhead (IC 21-40-5-6, Valparaiso University Immunization Exemption Guideline).**

Student Signature

Parent Signature (if the student is under age 18)

Date _____ Valpo ID _____

****Submit all forms to your [AdvancedMD Patient Portal](#) for university review by the first Tuesday of July for the Summer/Fall and December for the Spring semester. All forms must be submitted prior to review and are subject to approval.**