DATE:

TO:

FROM: Cynthia Ulrich, Nurse Practitioner

Director of Health Services

Bluffton University

RE: Exemption from Required Immunizations

I have received your request for exemption from Bluffton University's immunization requirements. I am sending you two enclosures, "Policy for Inadequately Immunized Students" and "Application for Exemption from Immunization Requirements". Please read these carefully, sign them, and return them to *Bluffton University Health Center, Marbeck Center 70, 1 University Drive, Bluffton, Ohio 45817-2104.* These forms must be on file before you can attend classes and/or athletic practices. **Please note that medical exemption requests must be signed by a physician and you are still required to complete the TB Questionnaire AND submit the results of a tuberculin skin test to the Health Center IF INDICATED before you can attend classes.**

Thank you.

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BLUFFTON UNIVERSITY

APPLICATION FOR EXEMPTION FROM IMMUNIZATION REQUIREMENTS

RELIGIOUS EXEMPTION:

I request exemption from the immunization requirements for admission to Bluffton University, on the grounds that such requirements conflict with my religious convictions. I certify that I am and have been in good health, and that I have no physical or mental impairment which would interfere in any way with my studies or activities.

I agree to comply with the conditions set forth in the "Policy for Inadequately Immunized Students" which I have received, understand, and have signed.

I understand that Bluffton University and any of its personnel are released from any responsibility

for any impairment of my health resulting from this exemption. Student Signature Student Name (Print) Address Date Parent Signature (if student is less than 18 years of age) **MEDICAL EXEMPTION** (must be signed by physician): I request exemption from the immunization requirements for admission to Bluffton University due to the following medical condition: Phone Physician's Signature Address Date Student Signature Student Name (Print) Address Date

Please return to: Bluffton University Health Center

1 University Drive

Bluffton, OH 45817-2104

DATE:				
TO:				
FROM:	Cynthia Ulrich, Nurse Practitioner Director of Health Services Bluffton University			
RE:	Policy for Inadequa	ately Immunized	<u>Students</u>	
For the protection of the community as well as each individual student, it is the policy of Bluffton University to require adequate immunization to measles, mumps, rubella, tetanus, and diphtheria. This policy is based on sound scientific evidence. The incidence of serious reactions to vaccines is approximately one case in one million immunizations. The incidence of serious illness, birth defects, and even death from these illnesses is considerably higher.				
All of these diseases have been active in Ohio in recent years. The risk of severe complications from these diseases far exceeds the very rare risks of the vaccines used to prevent them. Since you are not adequately immunized to one or more of these diseases, you present a danger to others on campus and in the community.				
If an outbreak of any of these diseases occurs in the area, you will have two choices:				
1)	 Begin immunization immediately within twenty-four hours of notification and complete the series on schedule. 			
2)	 2) Leave Bluffton University for the duration of the outbreak, including a period equal to the incubation period after the last suspected case. This means: a) 14 days after the last case of measles b) 21 days after the last case of rubella 			
to a phys	ical examination to d	etermine whether	the above-mentioned diseases, you must submit or not the disease is present. If diagnosed with until all risk of transmitting the disease is gone.	
Bluffton University will not be responsible for any costs related to time away from classes. You wil be responsible for all missed class work.				
-	icy does not exemptest must be forward	•	ing a skin test for Tuberculosis. The results of Center.	
I have re	ad and understand th	is policy.		
Signa	ture (Student)	Date	Signature (Parent) Date (if student is less than 18 years of age)	

Student Name (Print)