Decision Not to Vaccinate

Haverford College follows the American College Health Association (ACHA), the Pennsylvania State Mandatory Vaccination Code, the Advisory College of Immunization Practices (ACIP) and the CDC’s recommendations for immunization compliance guidelines. For the safety of all students, faculty and staff, immunizations are mandatory. Students may be exempted from the immunization requirements if there is a medical contraindication or if the student’s religious or philosophical belief prohibits immunizations. Per Pennsylvania State law for schools:

(a) Medical exemption. Children need not be immunized if a physician or the physician’s designee provides a written statement that immunization may be detrimental to the health of the child. When the physician determines that immunization is no longer detrimental to the health of the child, the child shall be immunized according to this subchapter.

(b) Religious exemption. Children need not be immunized if the parent, guardian or emancipated child objects in writing to the immunization on religious grounds or on the basis of a strong moral or ethical conviction similar to a religious belief.

For more information regarding Pennsylvania’s vaccination requirements for students, please visit the following resources: Pennsylvania Department of Health: School Immunizations; 28 Pa. Code § 23.84: Exemption from immunization.

To obtain a medical exemption, students must submit a signed statement indicating specific medical contraindication from a Medical Doctor, Osteopath, Nurse Practitioner, or a Physician Assistant. The statement must indicate why each required vaccine is medically contraindicated. To obtain a religious exemption, students must submit a signed statement from a clergy member or a statement, signed by the student or, if the student is under 18, the student’s parent or guardian, describing the student’s religious or philosophical beliefs and why those beliefs prohibit each required vaccination.

By signing this Decision Not To Vaccinate, the student and the parent (if applicable) acknowledge they have been informed that the student may be placing themselves and others at risk of serious illness should the student contract a disease that could have been prevented through proper vaccination. The student and parent (if applicable) further acknowledge that the student may be asked to leave campus until the Pennsylvania Department of Health and Haverford College determine that the student can return to campus. Additional information regarding the vaccinations required by Haverford College and risks associated with a decision not to vaccinate can be found at: American College Health Association: Immunization Recommendations;

1 In accordance with CDC and other guidance, starting in 2020, all incoming Haverford College students must be vaccinated against Meningitis B addition to: Tetanus/Diphtheria, Polio, MMR, Hepatitis B, Varicella, and Meningococcal A, C, Y and W-135.
Student signature: ___________________________ Date: ____________

Parent signature (if student is under 18): ___________________________ Date: ____________

Letter from MD, DO, NP or PO attached: Yes ______ No _______ Date: ____________

Letter from Clergy or statement attached: Yes ______ No _______ Date: ____________

These resources are current as of May 6, 2020. Students and parents should ensure that they are reviewing the most current versions of these resources before considering any information contained therein.