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 belief prohibits immunizations.

Pennsylvania Code § 23.84. Exemption from immunization

(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.

Source


Cross References

This section cited in 22 Pa. Code § 51.13 (relating to immunization); 22 Pa. Code § 405.49 (relating to immunizations); 28 Pa. code § 23.83 (relating to immunization requirements); 28 Pa. Code § 23.85 (relating to responsibilities of schools and school administrators); and 28 Pa. Code § 27.77 (relating to immunization requirements for children in child care group settings).

Website


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 belief 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;


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Student signature: ___________________________ Date: ____________

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

Letter from MD, DO, NP or PA attached: □ Yes □ No Date: ____________

Letter from Clergy or statement attached: □ Yes □ No Date: ____________

4/13/2023

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