PRINCIPIA COLLEGE

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Principia College Vaccination Policy

Author:	Dean of Students
Policy Title	Principia College Immunization Policy
Policy Purpose	Guidance for prospective and current students
Policy Effective Date	11/01/2024
Responsible Office	Student Life
Related Policies	
History	

I. *Policy Statement*: Principia College intends to comply with the state of Illinois law (Title 77, Chapter I, subchapter k, part 694) and with the Department of Education (34 CFR 668.43(a)(18)) clearly stating the immunizations requirements for Principia College students.

II. *Purpose*: This policy intends to inform prospective and incoming students of the preventive medicine measures required by the state of Illinois and the US Department of Education.

III. *Definitions:*

“Proof of immunity" means evidence of appropriate immunization or laboratory evidence of immunity documented in writing by a healthcare provider. Laboratory evidence applies to measles, mumps, and rubella only.

IV. *Procedures:* Students are required by Illinois state law to complete and return an immunization record (see attachment A) or proof of immunity. Immunization records are requested prior to moving into campus housing and the first day of classes. An extension may be granted no longer than the end of the second week of classes. Students who fail to submit immunization records will be restricted from course enrollment and from moving into campus housing. All health requirements are documented and stored electronically through the Magnus Health Portal.

Students must submit immunization documents to the Magnus Health portal complying with one of the following options (A or B):

Option A: Health records showing at least all six immunizations required by the state of Illinois (measles, mumps, rubella, Diphtheria/Tetanus/Pertussis, and meningococcal).

1. Three shots for Tetanus/Diphtheria/Pertussis (DTP/Dtap/Td/ or Tdap) vaccines. One of the three must be a Tdap. One of the three must be within the last 10 years. There must be

at least one month between the first and second TD/Tdap vaccination and at least six months between the second and third TD/Tdap vaccination.

Receipt of Tetanus Toxoid (T.T.) vaccine is not acceptable in fulfilling this requirement.

2. Two measles, mumps, rubella (MMR) vaccines given after one year of age and after December 31, 1967.
OR If measles, mumps, or rubella vaccines were given separately: Two measles immunizations given after one year of age and after December 31, 1967; two mumps immunizations after one year of age; two rubella immunizations after one year of age. Students are exempt from this requirement if born before 1957.

Students who cannot provide proof of immunization may provide laboratory (serologic) evidence of MMR immunity.

3. One meningococcal conjugate vaccine for students 21 or younger. A second vaccine MUST be given if the first vaccine was given before age 16. Note: Meningitis B does not meet this requirement.

If immunization received before 16 years of age, updated dose required. If 22 or older, this single immunization requirement can be waived.

Option B: Immunization religious waiver, found in Attachment B or medical exemption with written statement by a physician indicating the nature and probable duration of the medical condition or circumstances that contraindicates those immunizations, identifying the specific vaccines that could be detrimental to the student's health.

International students must also submit a *TB test* or proof of immunization for Tuberculosis (TB). (International Students Only)

All international students are required to submit either proof of TB vaccination or TB test results from within the last six months. Student MUST submit this prior to arrival in the United States.

Documentation Requirements

- Military or World Health Organization records (DD2766, MEDPro, DEERS, MILCONNECT, or WHO documents) are acceptable.

- Records MUST include name, address, phone number, and signature of the healthcare provider verifying the immunization information.

- Immunization/health records must be legible and include the date each immunization was administered.

- Any immunization/health records not in English must be legible and accompanied by a certified translation.

V. *Responsibility*: It will be the responsibility of the Department of Student Life to ensure that all incoming students comply with this requirement and to keep records in the Magnus Health

Portal.

VI. *Attachment A:* Example immunization record
Attachment B: Immunization Religious Exemption Form

VII. *Approval and Effective Date:* Principia College Policy Approval document including an Executive Summary submitted to Policy Committee and Cabinet for approval and signatures.

Attachment A: Example immunization record

IMMUNIZATION HISTORY

➢**International Students:** You must either provide proof of Tuberculosis(TB) vaccination or TB test results with in the last 6 months

Last Name	First	Middle	University Identification Number	
Home Address			Preferred Phone ( )	Alternate Phone ( )
City/State/Country/Zip or Postal Code			E-mail Address	
Date of Birth (mm/dd/yyyy)	Age	Gender ☐ M ☐ F ☐ Other	Citizenship ☐ U.S. ☐ Other (specify)	

REQUIRED IMMUNIZATIONS (dates required)

Licensed Provider: Complete Immunization documentation or attach signed physician/school immunizations.

Note: A physical exam is not required

■ **MEASLES-MUMPS-RUBELLA** – 2 shots against measles, 2 shots against rubella, and 2 shots against mumps (exempt if born before 1/1/57)

MMR 2 doses at least 28 days apart AND after 12 months of age AND both given after 12/31/1967	1 mm/dd/yy 2 mm/dd/yy	*OR*	**MEASLES (Rubeola)** 2 doses at least 28 days apart AND after 12 months of age AND both given after 12/31/1967	1 mm/dd/yy 2 mm/dd/yy
Positive serum titers are also acceptable proof of immunity against measles, mumps and rubella. ☐ Required lab report attached.			**MUMPS** 2 doses at least 28 days apart AND after 12 months of age	1 mm/dd/yy 2 mm/dd/yy
Documentation of dates of disease **IS NOT** acceptable evidence of immunity against measles, mumps or rubella.			**RUBELLA** 2 doses at least 28 days apart AND after 12 months of age	1 mm/dd/yy 2 mm/dd/yy

■ **TETANUS-DIPHTHERIA-PERTUSSIS (DPT, DTP, DTaP, TD, Tdap)** – no age exemption
3 or more doses of diphtheria, tetanus vaccine. One dose MUST be a Tdap.
*The most recent vaccine must have been administered within 10 years of the student's enrollment date.

1 *after 2 months of age*	2 *A minimum of 28 days after the first*	3 REQUIRED
☐ DTP / DTaP ☐ Tdap ☐ TD mm/dd/yy	☐ DTP / DTaP ☐ Tdap ☐ TD mm/dd/yy	☐ **Tdap** mm/dd/yy

■ **MENINGOCOCCAL CONJUGATE VACCINE (REQUIRED)** - The Meningococcal Conjugate Vaccine is **REQUIRED after the age of 16** for all students 21 and younger. Menomune and Meningitis B do not meet this requirement. 1 mm/dd/yy 2 mm/dd/yy

RECOMMENDED IMMUNIZATIONS (complete if received)

☐ Serogroup B Meningococcal Vaccines (MenB) Bexsero- a series of 2 shots /Trumenba a series of 3 shots	1 mm/dd/yy	2 mm/dd/yy	3 mm/dd/yy (3rd shot-Trumemba)
☐ HEPATITIS A	1 mm/dd/yy	2 mm/dd/yy	
☐ HEPATITIS B	1 mm/dd/yy	2 mm/dd/yy	3 mm/dd/yy
☐ HPV (Gardasil) ☐ HPV (Gardasil 9) ☐ HPV (Cervarix)	1 mm/dd/yy	2 mm/dd/yy	3 mm/dd/yy
☐ VARICELLA	1 mm/dd/yy	2 mm/dd/yy	☐ Had Varicella (Chickenpox)
☐ COVID 19 (☐ J&J ☐ Pfizer ☐ Moderna)	1 mm/dd/yy	2 mm/dd/yy	

Required Healthcare Provider Verification

Provider Name (print or stamp)	Signature	Date
Address		Phone

PRINCIPIA COLLEGE – Religious Exemption Form

A student at Principia College may be exempt for religious reasons from immunization state requirements.

A student seeking a religious exemption must submit a written and signed statement to the Dean of Students articulating in the student's own language the student's objection to immunization on religious grounds. The statement should articulate the specific religious belief that leads the student to seek a religious exemption from immunization protocols.

Note: General political, ethical, moral, or philosophical objections to immunizations will ***not*** be an adequate basis to grant the request.

The Student Life Office will promptly provide an answer to the student regarding the request. If the Dean of Students denies the request for a religious exemption, the student may appeal the denial to the College President whose decision will be final.

For more guidance regarding religious exemptions see:
(http://www.ilga.gov/commission/jcar/admincode/077/077006940C02100R.html)

Please describe in detail your religious objection to immunization requirements.

(Use additional sheets of paper as needed.)

Please read the following carefully. I understand that in the event of an outbreak of an illness related to an exemption granted me, Principia College may deny non-immunized students access to campus activities, housing, and facilities. I agree Principia shall not be held responsible for lost class credit, loss of housing or meals, or any financial losses I might incur in case of my non-participation related to an exemption.

_____ (date) _____ (signature)

Print name: _____

If signing for a minor, please provide the student's name here: _____

Religious Exemption Form 5/6/24