

STUDENT WELLNESS CENTER
REQUEST FOR MEDICAL EXEMPTIONS TO VACCINATION, APPEAL FORMS
& TESTING POLICY

Marymount California University (MCU) requires all students to submit a medical information form (which includes important health information including allergies and medication history), proof of health insurance as well as immunization/vaccine records upon starting their journey at MCU. The Student Wellness Center (SWC) collects the medical information forms, proof of health insurance, and immunization/vaccine records and retains them for a period of seven (7) years after the students last semester at MCU (if the student is a minor, we retain records 7 years after their 18th birthday). Annually, we ask our Mariners to submit any updated changes to their health to the SWC and if a student has not completed a vaccine series, we will continue to work with the student until their required vaccination records are complete.

MCU allows for exemptions to immunizations requirements based on a medical condition that is a contraindication to vaccination and/or for sincerely held religious belief, practice, or observance for the following vaccines:

HEPATITIS B (HepB)

MMR (measles, mumps, and rubella)

Tdap (tetanus, diphtheria, and pertussis)

Varicella (chickenpox)

Tuberculosis Test (TB Test/PPD Skin Test)

Influenza (as long as the influenza virus is circulating locally, usually November 1- April 30) and unexpired vaccines are available

COVID-19

A list of established medical contraindications to vaccination can be found on the Centers for Disease Control and Prevention (CDC) website for Guide to Contraindications at: <https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html>. Contraindications can also be found on the package insert of each vaccine.

Medical exemption requests must be documented on the Medical Exemption Request Form and submitted by the student to the Director of the Student Wellness Center.

TESTING:

Students who are not vaccinated may be required to participate in routine COVID-19 testing and/or other testing for required vaccines (either on and/or off campus) and must provide those results to the University's Student Wellness Center when requested.

Students who do not comply with this policy may be prohibited from attending classes, participating in extracurricular events, and/or participating in University domestic or international programs or other University-sponsored off-campus events. *Testing requirements are subject to change pending Los Angeles County Department of Public Health guidance/requirements.

QUARANTINE:

In the event of a public health event affecting campus, any student not vaccinated may be required to quarantine in designated residence hall locations or may be mandated to temporarily move out of campus housing or asked to remain home (if living locally off-campus), for the duration of the event.

Reasonable accommodations will be made in the event of needing to quarantine during an outbreak through Disability Resources.

EXEMPTIONS

ALL EXEMPTION REQUESTS MUST INCLUDE THE FOLLOWING INFORMATION:

1) Completed Vaccine Exemption Request Form (must be signed by a parent/guardian if the student is a minor)-**See below**

2) The specific vaccine(s) for which the exemption is/are requested;

3) For exemptions provide a written statement-

For Medical Exemptions: A written statement by a licensed, treating medical provider [a physician (MD or DO), nurse practitioner (NP), or physician's assistant (PA)], including at least one of the following for any vaccine(s) for which an exemption is requested:

a. The applicable CDC contraindication for the vaccine(s), **or**

b. The applicable contraindication found in the manufacturer's package insert for the vaccine(s), **or**

c. A statement that the physical condition of the person or medical circumstances relating to the person are such that immunization is not considered safe, indicating the specific nature and probable duration of the medical condition or circumstances that contraindicate immunization with the vaccine(s)

For Religious Exemptions:

a. Identify your sincerely held religious belief, practice, or observance that is the basis for your request for religious exemption; **and**

b. Briefly explain how your sincerely held religious belief, practice, or observance conflicts with the University's vaccine mandate; **and**

c. Optional: Provide any additional information that may be helpful in processing your religious accommodation request.

4) Indicate whether or not the duration of the exemption is permanent or temporary for any vaccine(s) and, if temporary, the expiration date of the exemption for each vaccine.

5) Alternatively, proof of documentation of positive antibody titers to any of the above vaccinations, at levels which indicate immunity to disease, may be used to satisfy MCU immunization requirements or to appeal the immunization requirement for that vaccine.

Note: All forms must be signed by a licensed, treating medical provider (MD, DO, NP, or PA) and include the practice location address, telephone number, signing provider's license number, and state or country (if outside the U.S.) where the licensed medical provider practices.

Requests for medical exemptions will be reviewed by the Director of the Student Wellness Center.

Requests for exemption will be approved if the Vaccine Exemption Request Form requirements 1-3 or 1-2 and 5 are met for each vaccine for which an exemption is requested. If information supplied is ambiguous or insufficient, attempts will be made to contact the clinician who submitted documentation to clarify the exemption request documentation. If insufficient clarification or information is provided, the exemption request may be denied.

Exemption Process

Once the exemption form is submitted with all of the necessary documentation, the Student Wellness Center Director will review the forms and provide a response for your request within seven (7) business days. If your request for exemption is denied, you can submit an appeal to the Student Wellness Center Director. Once the appeal is submitted to the Director, the Director will then forward your appeal request to the MCU Immunization Exemption Policy Committee (IEPC). The IEPC will notify the SWC Director of their decision and then the SWC Director will notify the student the status of their appeal (see below).

Appeals for Denials of Medical Exemption Requests

The MCU Immunization Exemption Policy Committee (IEPC) is a system-wide committee, appointed by the Dean of Students, comprised of faculty, staff and students, and public health officials. Members are selected from diverse backgrounds, and will include actively practicing physicians, including at least one infectious disease specialist, and may include faculty with expertise in a variety of other fields, such as medical ethics, law, public health, and international student services. Members will serve a term of no less than one year.

The Immunization Exemptions Appeals Committee (IEAC) will be established to evaluate appeals. The IEAC will be chaired by the Student Wellness Center Director, and will be convened as a needed to evaluate medical exemption request denied at the university level for which students have submitted an appeal. If the Student Wellness Center Director is unavailable, the Dean of Students will be asked to serve as the chair for the IEAC. Students requesting an appeal must submit a written request to the Director of the Student Wellness Center, along with the documentation provided by their treating medical provider on the Medical Exemption Request Form. Appeals will be de-identified and forwarded to the chair of the IEAC, who will select two to four additional members from the IEAC and/or the Student Wellness Center director to review the appeal. If the basis of an appeal merits special consideration, the selection of the IEAC members to participate in a review process will be based upon the expertise and background of the IEAC members or the Student Wellness Center director relative to issues raised in the appeal. The Student Wellness Center Director who submits the appeal is not eligible to sit on the IEAC committee to review the appeal. Student members who sit on the IEPC are not eligible to participate on the IEAC. In order to render a decision, at least three members of the IEAC must convene, including the Chair. Decision will be communicated to the Director of the Student Wellness Center, who will, in turn, communicate the IEAC decision to the student. IEAC decisions shall be rendered within 60 days of receipt by the chair.

A student who submits an appeal will be able to enroll in classes and register for the upcoming academic term in which the appeal is being reviewed. If the exemption denial is upheld, the student will be expected to comply with the immunization requirements prior to the next academic term in order to allow class enrollment and registration.

In active infectious disease outbreak situations, students granted medical exemptions may not be allowed to come to campus. These situations will be determined on a case-by-case basis, and in consultation with state and local public health officials.

**STUDENT WELLNESS CENTER
VACCINE EXEMPTION REQUEST FORM**

Name: _____ MCU ID# _____

Phone: _____ Email: _____@MCU

Marymount California University allows for exemptions to immunizations requirements based on a medical condition that is contraindication to vaccination and/or sincerely held religious belief, practice, or observance for the following vaccines:

MMR (measles, mumps, and rubella);

Varicella (chickenpox);

Tdap (tetanus, diphtheria, and pertussis);

Meningococcal conjugate (Serogroups A, C, Y, & W-135);

Tuberculosis test (TB/PPD Skin test);

Influenza[^] (^As long as the influenza virus is circulating locally (usually November 1- April 30) and unexpired vaccines is available)

COVID-19 Vaccine

In order to request for an exemption, the following must be submitted to the Student Wellness Center:

1) Completed Vaccine Exemption Request Form (must be signed by a parent/guardian if the student is a minor).

2) The specific vaccine(s) for which the exemption is/are requested;

3) For exemptions provide a written statement-

For Medical Exemptions: A written statement by a licensed, treating medical provider [a physician (MD or DO), nurse practitioner (NP), or physician's assistant (PA)], including at least one of the following for any vaccine(s) for which an exemption is requested:

a. The applicable CDC contraindication for the vaccine(s), **or**

b. The applicable contraindication found in the manufacturer's package insert for the vaccine(s), **or**

c. A statement that the physical condition of the person or medical circumstances relating to the person are such that immunization is not considered safe, indicating the specific nature and probable duration of the medical condition or circumstances that contraindicate immunization with the vaccine(s)

For Religious Exemptions:

a. Identify your sincerely held religious belief, practice, or observance that is the basis for your request for religious exemption; **and**

b. Briefly explain how your sincerely held religious belief, practice, or observance conflicts with the University's vaccine mandate; **and**

c. Optional: Provide any additional information that may be helpful in processing your religious accommodation request.

4) Indicate whether or not the duration of the exemption is permanent or temporary for any vaccine(s) and, if temporary, the expiration date of the exemption for each vaccine.

5) Alternatively, proof of documentation of positive antibody titers to any of the above vaccinations, at levels which indicate immunity to disease, may be used to satisfy MCU immunization requirements or to appeal the immunization requirement for that vaccine.

Note: upon submitting your exemption request, the SWC will review your exemption form along with the required documents and provide you a response

VACCINE EXEMPTION WAIVER

I hereby request exemption from the vaccine requirements for Marymount California University. I understand that in the event of an outbreak of one of the diseases/viruses checked below, I will be excused from class, housing and/or any campus activities as deemed appropriate. This is for my protection and for the protection of other students, faculty and staff. Appropriate accommodations will be discussed and arranged if such an outbreak occurs I (the student) will collaborate with the Disability Resources to make such accommodations for my education.

- Measles, Mumps, Rubella
- Hepatitis B
- Tetanus, Diphtheria, Pertussis
- Meningitis
- Tuberculosis
- Influenza^

As long as the influenza virus is circulating locally and unexpired vaccines is available

- COVID-19

I hereby release Marymount California University (MCU) and its employees, and MCU's Student Wellness Center (SWC) employees of any and all liability in the event I contract a vaccine preventable disease for which MCU requires or strongly recommends vaccination and/or testing.

Due to the extraordinary circumstances of this waiver, all matters held within this document must be kept confidential.

_____	_____	_____
Print Student's Name	Student Signature	Date
_____	_____	_____
Parent/Guardian Signature (if a minor)	Parent/Guardian Signature	Date

<p>SWC Staff ONLY:</p> <p>Received by: _____ Date: _____</p> <p>Received via: <input type="checkbox"/> Phone <input type="checkbox"/> Email (attached email) <input type="checkbox"/> Mail <input type="checkbox"/> Fax</p> <p>Submitted the following:</p> <p><input type="checkbox"/> Specific vaccine(s) for which the exemption is/are requested</p> <p><input type="checkbox"/> Physician (MD/DO) or Physician Assistant (PA) written statement (includes provider's license number and state)</p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Denied Reason: _____ Date: _____</p> <p><input type="checkbox"/> Informed of decision along with appeal information (if applicable) via:</p> <p> <input type="checkbox"/> Phone <input type="checkbox"/> Email (attached email) <input type="checkbox"/> Mail <input type="checkbox"/> Fax</p>
--

