



Immunization Policy

West Virginia Wesleyan College, a West Virginia non-profit corporation (the “College”) has adopted the recommendations of the Centers for Disease Control (“CDC”), the Advisory Committee on Immunization Practices (“ACIP”), and the American College Health Association (“ACHA”) that all incoming students provide:

- A signed proof of vaccination; or
- A signed statement from a physician that the vaccination would be injurious to the student’s health and well-being; or
- A signed waiver indicating that the vaccination is declined for reasons of conscience or religious beliefs.

A signed waiver may not be sufficient, at the College’s sole and absolute discretion, in the event of a disaster, public health emergency, or extraordinary law enforcement emergency affecting the College.

Students who do not comply with this policy may be prohibited from:

- Attending classes;
- Participating in co-curricular events, such as athletics;
- Participating in domestic or international programs and/or other off-campus events sponsored by, or related to, the College;
- Residing in campus residence halls; and
- Other campus-related events, programs, and/or activities at the College’s sole and absolute discretion.

Specific programs, majors, or activities at the College may have additional vaccination requirements for participation therein.

Student Vaccination Record

Directions: All documentation must be photographed/scanned and emailed to healthforms@wwc.edu no later than June 15, 2024. PDF or JPEG files will be accepted.

Student's Name: _____

Date of Birth: _____ Student ID Number: _____

Proof of Insurance: Please also Include a FRONT & BACK Copy of your Insurance Card.

Required Vaccinations

Tdap: Tetanus, Diphtheria, Pertussis <i>Must be given in last 10 years</i>	Date: __/__/__
MMR: Measles, Mumps, Rubella <i>Two doses required for all components</i>	Dose 1 Date: __/__/__ Dose 2 Date: __/__/__
IPV/OPV: Polio	Dose 1 Date: __/__/__ Dose 2 Date: __/__/__ Dose 3 Date: __/__/__ Dose 4 Date: __/__/__
Varicella: Chicken Pox <i>Two doses required</i>	Dose 1 Date: __/__/__ Dose 2 Date: __/__/__ History of Chicken Pox/Varicella: YES NO
MCV4: Meningococcal <i>Last dose must be given within last 5 years</i>	Dose 1 Date: __/__/__ Dose 2 Date: __/__/__
Hepatitis B	Dose 1 Date: __/__/__ Dose 2 Date: __/__/__ Dose 3 Date: __/__/__ History of Hepatitis B/Positive Titer: YES NO
HPV: Human Papillomavirus	Dose 1 Date: __/__/__ Dose 2 Date: __/__/__ Dose 3 Date*: __/__/__ <i>*if applicable</i>

Meningococcal B	Dose 1 Date: __/__/____ Dose 2 Date: __/__/____
Tuberculosis <i>Required for international students only</i>	TB Test: _____ OR BCG Vaccine: Date: __/__/____

Recommended Vaccinations

Hepatitis A	Dose 1 Date: __/__/____ Dose 2 Date: __/__/____
Flu Shot	Most Recent Dose Date: __/__/____
Covid-19	Vaccine Name: _____ Most Recent Dose Date: __/__/____

Signature of Health Care Professional (Licensed Provider/Nurse)

I hereby certify that the information on this and preceding pages is correct to the best of my knowledge.

Name: _____

Signature: _____

Date: _____

Phone Number: _____

Physician's Statement

I am a physician registered and licensed to practice medicine in the United States. I am familiar with the health of _____, a student enrolling at West Virginia Wesleyan College.
(student name)

In my medical opinion, it would be injurious to this student's health and well-being to receive the following vaccine(s):

Physician Name: _____

Physician Signature: _____

Date: _____

Phone Number: _____

Vaccine Waiver

I understand that West Virginia Wesleyan College requires that all students receive the following vaccinations:

- Tdap: Tetanus, Diphtheria, Pertussis
- MMR: Measles, Mumps, Rubella
- IPV/OPV: Polio
- Varicella: Chicken Pox
- MCV4: Meningococcal
- Hepatitis B
- HPV: Human Papillomavirus
- Meningococcal B
- Tuberculosis Test/BCG Vaccine (*international students only*)

The CDC believes that vaccines are generally safe and effective. I have read the risks and benefits of the vaccine(s) and acknowledge the detrimental health effects of the disease(s).

I do not wish to receive the vaccine(s) checked above for reasons of:

- Conscience Objection
- Religious belief, observance, or practice

I, and my heirs, successors and/or assigns, hereby voluntarily agree to release, discharge, indemnify, and hold harmless West Virginia Wesleyan College, its officers, trustees, employees, and agents from any and all costs and liabilities, expenses, claims, demands, or causes of action on account of any loss or personal injury that might result from my waiver of the required vaccination(s). I also hereby assume any and all responsibility for any transmission of the disease(s) to others, should I become infected therewith.

I have read and signed this document with full knowledge and understanding of its content and significance. I further affirm that I am at least 18 years of age and competent to sign this waiver or that my parent's signature appears below.

Student Name: _____

Student Signature: _____

Date: _____

If the student is under the age of 18, a parent/guardian also must sign this waiver.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____