Vaccine Exemption Policy

Purpose:
The Vaccine Exemption Policy addresses students who request to be exempted from the entrance vaccine and immunization requirement. The Procedure set forth is the means by which a student who wishes to be exempted from the requirement(s) may request a review after medical documentation has been provided.

Procedure:
1. The California Institute of Technology allows for exemptions to immunization requirements based on a medical condition that is a contraindication to vaccination for the following vaccines: MMR (measles, mumps, and rubella), Varicella (chickenpox), Tdap (tetanus, diphtheria, and pertussis), Hepatitis B, Influenza or Meningococcal conjugate (Serogroups A, C, Y, & W-135). Requests for exemptions for non-medical reasons, personal beliefs, and philosophical views will be denied and are not eligible for appeal.
2. 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. Contraindications can also be found on the package insert of each vaccine.
3. Medical exemption requests must be documented on a written letter and submitted by the student to the Medical Director. All exemption requests must include the following information:
   a. The specific vaccine(s) for which the exemption is requested
   b. A written statement by a currently licensed, treating medical provider [a physician (MD or DO), nurse practitioner (NP), or physician’s assistant (PA)], including the following for any vaccine(s) for which an exemption is requested:
      i. The applicable CDC contraindication for the vaccine(s), or the applicable contraindication found in the manufacturer’s package insert for the vaccine(s).
      ii. A statement that the medical condition of the person or medical circumstances relating to the person are such that immunization is not considered safe or is contraindicated, indicating the specific medical reason and probable duration of the medical condition or circumstances that contraindicate immunization with...
the vaccine(s). Please include all medical records and testing that support this diagnosis.

c. 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

4. All forms must be signed by a currently 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.

5. Requests for medical exemptions will be reviewed by the Medical Director for Caltech Student Health Services (SHS). Requests for exemption will be considered if the Medical Exemption Request Form requirements are met for each vaccine for which an exemption is requested. If information supplied is not medically valid, ambiguous or insufficient after review by the Medical Director, the student will be informed and it is the student’s responsibility to obtain additional necessary information. If sufficient clarification or information is not provided, the exemption request will be denied. The student will be informed of the decision.

6. Appeals
   a. The student and their medical provider may submit a written appeal to the Caltech Medical Director, who will review the appeal in consultation with the local Public Health Department, State Public Health Department and/or specialists in the field of vaccinations.
   b. The student will be informed of the appeal decision.

7. 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.