

# REQUEST FOR MEDICAL EXEMPTION FROM VACCINATIONS



Updated: August 27, 2021

## Introduction

Jersey College is committed to providing an accessible learning environment. This learning environment is both within the confines of the College and at clinical sites utilized for practicum experiences in our Nursing programs. Participation in practicum experiences involves risks for exposure to serious, and sometimes deadly, diseases. To minimize these risks and reduce the spread of vaccine-preventable diseases, the clinical sites utilized for practicum experiences by the College require students and faculty to maintain up-to-date vaccinations or present evidence of Vaccinations for certain communicable diseases, including, but not limited to Tuberculosis, Tetanus, Hepatitis B, Measles, Mumps, Rubella, Varicella, Flu, and COVID-19. As such, evidence of these vaccinations is a required element for registration in nursing courses with practicum experiences.

National standards and general recommendations for vaccinations have been established by the Advisory Committee on Immunization Practices (ACIP), including valid contraindications and precautions to vaccinations. These standards and recommendations may be found at: <https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html>

### *Contraindications*

A vaccine should not be administered when a contraindication is present. Contraindications are conditions in a recipient that increases the risk for a serious adverse reaction to vaccination. Because the majority of contraindications are temporary, vaccinations often can be administered later when the condition leading to a contraindication no longer is present. However, certain conditions are commonly misperceived as contraindications (i.e., are not valid reasons to defer vaccination) (See Appendix A or <https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html>)

### *Precautions*

A precaution is a condition in a recipient that might increase the risk for a serious adverse reaction, might cause diagnostic confusion, or might compromise the ability of the vaccine to produce immunity. A person might experience a more severe reaction to the vaccine than would have otherwise been expected; however, the risk for this happening is less than the risk expected with a contraindication. In general, vaccinations should be deferred when a precaution is present. However, a vaccination might be indicated in the presence of a precaution if the benefit of protection from the vaccine outweighs the risk for an adverse reaction.

Individuals with and/or experiencing a contraindication or precaution to a vaccination may request a medical exemption from vaccination requirements. Granting of a medical exemption is a collaborative process that involves the College working closely with the student and the clinical facilities. The initial step in the collaborative process is the completion of this Request for Medical Exemption from Vaccinations form with supporting documentation. **Please note that the presence of a moderate to severe acute illness with or without fever is a precaution to administration of all vaccines However, as acute illnesses are short-lived, medical exemptions should not be submitted for this indication.**

**IMPORTANT:** Participation in hands-on nursing activities at healthcare facilities is an essential element of the curriculum and a requirement of licensing and regulatory bodies. Individuals are advised that to the extent that a medical exemption accommodation is unavailable at a healthcare facility they will be offered one of the following choices: (i) the opportunity to participate in a preceptorship (i.e., for students requesting accommodation<sup>1</sup>) or an alternative position (i.e., for faculty requesting accommodation if available and if qualified) or (ii) a medical leave of absence.

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<sup>1</sup> Student is solely responsible for identify, finding and obtaining approval for the preceptorship experience. A preceptorship package is available from administration.

## Instructions

- A. **Who Should File the Application:** Individuals seeking a medical exemption related to: (i) vaccination requirements of clinical facilities utilized for practicum experiences in our Nursing programs or (ii) vaccination requirements of a regulatory agency.
- B. **Application Submission Deadline:** Completed applications must be submitted at least three weeks prior to the date for which you are requesting the exemption.
- C. **Application:** To request the medical exemption individuals must complete this Request for Medical Exemption from Vaccinations form and provide supporting documentation from a qualified medical professional.
- D. **Reviews of Requests:** Review of a request for a medical exemption will be deferred until the necessary documentation is submitted. All applications should be typed or neatly printed. Do not leave sections blank. Put NA if the section does not apply.
- E. **Confidentiality.** While all medical and supporting documentation submitted will be kept confidential by the College, individuals are notified that evaluating the request for medical exemption necessitates that such information be shared with and reviewed by clinical facilities.
- F. **Determinations.** The final decision regarding a medical exemption from a vaccination remains with the clinical facilities where practicum experiences are scheduled to occur. Jersey College and our faculty and students are guests of these facilities and remain subject to their requirements for participation in practicum experiences.

Important: Participation in hands-on nursing activities at healthcare facilities is an essential element of the curriculum and a requirement of licensing and regulatory bodies. Individuals are advised that to the extent that a medical exemption accommodation is unavailable at a healthcare facility they will be offered one of the following choices: (i) the opportunity to participate in a preceptorship (i.e., for students requesting accommodation<sup>1</sup>) or an alternative position (i.e., for faculty requesting accommodation if available and if qualified) or (ii) a medical leave of absence.

- G. **Reasonable Accommodations.** Not all requested accommodations are "reasonable." An accommodation is not reasonable if, among other things:
- Making the accommodation or having the individual involved in the activity poses a direct threat to the health or safety of others.
  - Making the accommodation means making a substantial change in an essential element of the curriculum or making the accommodation would require a substantial alteration in the manner in which educational opportunities are provided, including, but not limited to, the course objectives being altered, giving the individual an unfair advantage over other individuals, lowering academic standards, and significantly altering what is required of an individual to complete a class or program.
  - Making the accommodation means making a substantial alteration in the manner in which the institution provides services.
  - Making the accommodation would impose an undue financial or administrative burden to the institution.

## Documentation Guidelines

A medical exemption from vaccinations will be considered for individuals that provide evidence of contraindications and precautions to vaccination(s). Documentation is insufficient if it does not specify the existence of a contraindication or precaution as set forth by the General Recommendations of the Advisory Committee on Immunization Practices (ACIP). (See also <https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html>) Documentation also is insufficient where, for example: (i) the medical professional does not have the expertise to give an opinion about the individual's medical condition and the limitations imposed by it; or, (ii) other factors indicating that the information provided is not credible or is fraudulent.

Documentation from a credentialed medical provider, with clear expertise is required to substantiate the presence of contraindications and/or precautions with vaccinations and to establish the need for an accommodation (if possible).

The essential elements of documentation are:

- Licensed or credentialed medical evaluator, with specific certification or expertise, and who is not related to the individual
- Documentation typed, dated, signed and otherwise legible
- A summary of assessment procedures and evaluation instruments used to make the diagnosis and a summary of evaluation results
- Medical information relating to the individual's needs for a medical exemption, including a description of the progression or stability of the contraindication/precautions to the vaccinations over time and in context





PROVIDE THIS FORM (PART II) TO YOUR MEDICAL PRACTITIONER



# JERSEY COLLEGE

## Request for Medical Exemption from Vaccinations - Part II Practitioner Documentation

(Please type or write legibly)

### SECTION 1 - PRACTITIONER INFORMATION

Practitioner Name (Last, First, Middle):			
Office Address:	City:	State:	Zip Code:
Telephone:	Email:		
Profession:	License Number:	State of License:	
Certification:	Specialty:		

### SECTION 2 – PATIENT INFORMATION

Name of Patient (Last, First, Middle):	
Date Patient First Consulted (MM/DD/YY):	Date Patient Last Seen (MM/DD/YY):
Length of Time with Condition:	Is the individual currently under your care? No: <input type="checkbox"/> Yes: <input type="checkbox"/> _____ (how long)

### SECTION 3 – OFFICIAL LETTER AND SUPPORTING DOCUMENTATION

- Provide on your official letterhead a statement describing your credentials, area of specialty and information about any special qualifications.
- Provide on your official letterhead a description of tests, assessments and evaluations that you performed on the patient's behalf, which identifies any records or other materials reviewed as part of the testing process.
- Provide the institution with a copy of such test, assessments and evaluations. The age of acceptable documentation is dependent upon the condition, the current status of the individual and the individual's request for accommodations. Typically, current is defined as three years or less. For conditions that do not substantially change over time older documentation may be utilized. However, all documentation still needs to be current so that it reflects current abilities and limitations. In such cases, the individual requesting the accommodation must supplement documentation for the condition that does not substantially change over time with a letter from a qualified medical professional stating that the documentation accurately reflects the current abilities and limitations.

## SECTION 4 – ACIP CONTRAINDICATIONS AND PRECAUTIONS TO VACCINATION FOR MANDATORY VACCINE

**Instructions:** Complete the following Table and indicate the contraindications and precautions experienced by your patient with the vaccine and include your recommended exemption length. Medical contraindications and precautions for Vaccinations are based on the most recent General Recommendations of the Advisory Committee on Immunization Practices (ACIP), available at <https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html>. Please check the website to ensure that you are reviewing the most recent ACIP information. **Please note that the presence of a moderate to severe acute illness with or without fever is a precaution to administration of all vaccines. However, as acute illnesses are short-lived, medical exemptions should not be submitted for this indication.**

**Table - ACIP Contraindications and Precautions to Vaccination for Mandatory Vaccine**

**Important:** Check All that Apply

Vaccine	Exemption Length	ACIP Contraindications and Precautions
<input type="checkbox"/> COVID-19 <sup>3</sup>	<input type="checkbox"/> Temporary through: _____ <input type="checkbox"/> Permanent	<p><i>Contraindications</i></p> <input type="checkbox"/> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component <input type="checkbox"/> Immediate allergic reaction of any severity to a previous dose or known (diagnosed) allergy to a component of the vaccine  <p><i>Precautions</i></p> <input type="checkbox"/> Immediate allergic reaction to any other vaccine or injectable therapy (i.e., intramuscular, intravenous, or subcutaneous vaccines or therapies [excluding subcutaneous immunotherapy for allergies, i.e., “allergy shots”])
<input type="checkbox"/> DTaP, Tdap	<input type="checkbox"/> Temporary through: _____ <input type="checkbox"/> Permanent	<p><i>Contraindications</i></p> <input type="checkbox"/> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component <input type="checkbox"/> Encephalopathy (e.g., coma, decreased level of consciousness, prolonged seizures) not attributable to another identifiable cause within 7 days of administration of a previous dose of DTP, DTaP, or Tdap  <p><i>Precautions</i></p> <input type="checkbox"/> Progressive neurologic disorder, including infantile spasms, uncontrolled epilepsy, progressive encephalopathy; defer DTaP or Tdap until neurologic status clarified and stabilized <input type="checkbox"/> Guillain-Barré syndrome < 6 weeks after previous dose of tetanus-toxoid-containing vaccine <input type="checkbox"/> History of Arthus-type hypersensitivity reactions after a previous dose of diphtheria-toxoid-containing or tetanus toxoid-containing vaccine; defer vaccination until at least 10 years have elapsed since the last tetanus toxoid-containing vaccine

<sup>3</sup> [https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Fcovid-19%2Finfo-by-product%2Fclinical-considerations.html](https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Fcovid-19%2Finfo-by-product%2Fclinical-considerations.html)

Vaccine	Exemption Length	ACIP Contraindications and Precautions
<input type="checkbox"/> DT, Td	<input type="checkbox"/> Temporary through: _____ <input type="checkbox"/> Permanent	<p><i>Contraindications</i></p> <input type="checkbox"/> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component
<input type="checkbox"/> Haemophilus influenzae type b (Hib)	<input type="checkbox"/> Temporary through: _____ <input type="checkbox"/> Permanent	<p><i>Contraindications</i></p> <input type="checkbox"/> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component
<input type="checkbox"/> Hepatitis B (HepB)	<input type="checkbox"/> Temporary through: _____ <input type="checkbox"/> Permanent	<p><i>Contraindications</i></p> <input type="checkbox"/> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component <input type="checkbox"/> Hypersensitivity to yeast
<input type="checkbox"/> Inactivated poliovirus vaccine (IPV)	<input type="checkbox"/> Temporary through: _____ <input type="checkbox"/> Permanent	<p><i>Contraindications</i></p> <input type="checkbox"/> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component
<input type="checkbox"/> Influenza, inactivated injectable (IIV)	<input type="checkbox"/> Temporary through: _____ <input type="checkbox"/> Permanent	<p><i>Contraindications</i></p> <input type="checkbox"/> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component
<input type="checkbox"/> Influenza, recombinant (RIV)	<input type="checkbox"/> Temporary through: _____ <input type="checkbox"/> Permanent	<p><i>Contraindications</i></p> <input type="checkbox"/> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component
<input type="checkbox"/> Meningococcal (MenACWY)	<input type="checkbox"/> Temporary through: _____ <input type="checkbox"/> Permanent	<p><i>Contraindications</i></p> <input type="checkbox"/> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component

Vaccine	Exemption Length	ACIP Contraindications and Precautions
<input type="checkbox"/> Meningococcal (MenB)	<input type="checkbox"/> Temporary through: _____  <input type="checkbox"/> Permanent	<p><i>Contraindications</i></p> <input type="checkbox"/> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component
<input type="checkbox"/> MMR	<input type="checkbox"/> Temporary through: _____  <input type="checkbox"/> Permanent	<p><i>Contraindications</i></p> <input type="checkbox"/> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component <input type="checkbox"/> Pregnancy <input type="checkbox"/> Known severe immunodeficiency (e.g., from hematologic and solid tumors, receipt of chemotherapy, congenital immunodeficiency, long-term immunosuppressive therapy or patients with human immunodeficiency virus [HIV] infection who are severely immunocompromised) <input type="checkbox"/> Family history of congenital or hereditary immunodeficiency in first-degree relatives (e.g., parents and siblings), unless the immune competence of the potential vaccine recipient has been substantiated clinically or verified by a laboratory test
<input type="checkbox"/> Pneumococcal (PCV13)	<input type="checkbox"/> Temporary through: _____  <input type="checkbox"/> Permanent	<p><i>Contraindications</i></p> <input type="checkbox"/> Severe allergic reaction (e.g., anaphylaxis) after a previous dose of PCV13 or any diphtheria-toxoid-containing vaccine or to a component of a vaccine (PCV13 or any diphtheria-toxoid-containing vaccine), including yeast
<input type="checkbox"/> Varicella	<input type="checkbox"/> Temporary through: _____  <input type="checkbox"/> Permanent	<p><i>Contraindications</i></p> <input type="checkbox"/> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component <input type="checkbox"/> Known severe immunodeficiency (e.g., from hematologic and solid tumors, receipt of chemotherapy, congenital immunodeficiency, long-term immunosuppressive therapy or persons with HIV infection who are severely immunocompromised) <input type="checkbox"/> Pregnancy <input type="checkbox"/> Family history of congenital or hereditary immunodeficiency in first-degree relatives (e.g., parents and siblings), unless the immune competence of the potential vaccine recipient has been substantiated clinically or verified by a laboratory test

- Other. Please explain fully and attach additional sheets as necessary. Please be sure to check Appendix A to this form to ensure that the condition is not one incorrectly perceived as a contraindication or precaution.

**SECTION 5 – REQUESTED ACCOMMODATIONS**

A. Describe the accommodations that you recommend to allow the patient to participate in practicum activities.

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B. How did you decide on the above accommodations? What is your rationale for the accommodation?

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**SECTION 6 – CERTIFICATION OF PRACTITIONER**

I hereby certify that the above information is true and is given pursuant to the authorization to release information by my patient. I declare that the foregoing statements and those in any required accompanying documents or statements are true. I hereby certify that I personally completed this portion of this application and that I may be asked to verify the above information at any time.

By signing below, I affirm that I have reviewed the current ACIP Contraindications and Precautions and affirm that the stated contraindication(s)/precaution(s) is enumerated by the ACIP and consistent with established national standards for vaccination practices. I understand that I am required to submit supporting medical documentation. I also understand that any misrepresentation might result in referral to my State of Medical Providers and/or appropriate licensing/regulatory agency.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Appendix A

**IMPORTANT:** Medical Providers ARE responsible for confirming the information in table below is current and correct. Jersey College makes no representations or warranties regarding the table; table is provided as an example only.

### Examples of Conditions INCORRECTLY perceived as contraindications or precautions to vaccination<sup>4</sup>

VACCINE	CONDITIONS INCORRECTLY PERCEIVED AS CONTRAINDICATIONS AND PRECAUTIONS TO VACCINES (I.E., VACCINES MAY BE GIVEN UNDER THESE CONDITIONS)
COVID-19	<ul style="list-style-type: none"> <li>• Pregnancy</li> <li>• Allergic reactions (including severe allergic reactions) not related to vaccines (COVID-19 or other vaccines) or injectable therapies, such as allergic reactions related to food, pet, venom, or environmental allergies, or allergies to oral medications (including the oral equivalents of injectable medications)</li> <li>• History of Guillain-Barré syndrome (mRNA Covid-19 vaccines)</li> <li>• Autoimmune conditions</li> <li>• History of myocarditis or pericarditis</li> <li>• Recent exposure to an infectious disease</li> </ul> <p>Note: Information is fluid and medical providers should reference the <a href="#">CDC</a></p>
General for MMR, Hib, HepB, Varicella, PCV13, MenACWY	<ul style="list-style-type: none"> <li>• History of Guillain-Barré syndrome</li> <li>• Recent exposure to an infectious disease</li> <li>• History of penicillin allergy, other nonvaccine allergies, relatives with allergies, or receiving allergen extract immunotherapy</li> </ul>
DTaP	<ul style="list-style-type: none"> <li>• Fever within 48 hours after vaccination with a previous dose of DTP or DTaP</li> <li>• Collapse or shock like state (i.e., hypotonic hyporesponsive episode) within 48 hours after receiving a previous dose of DTP/DTaP</li> <li>• Seizure <math>\leq 3</math> days after receiving a previous dose of DTP/DTaP</li> <li>• Persistent, inconsolable crying lasting <math>\geq 3</math> hours within 48 hours after receiving a previous dose of DTP/DTaP</li> <li>• Family history of seizures</li> <li>• Family history of sudden infant death syndrome</li> <li>• Family history of an adverse event after DTP/DTaP</li> <li>• Stable neurologic conditions (e.g., cerebral palsy, well-controlled seizures, or developmental delay)</li> </ul>
Hepatitis B (HepB)	<ul style="list-style-type: none"> <li>• Pregnancy</li> <li>• Autoimmune disease (e.g., systemic lupus erythematosus or rheumatoid arthritis)</li> </ul>
Influenza, inactivated injectable (IIV)	<ul style="list-style-type: none"> <li>• Nonsevere (e.g., contact) allergy to latex, thimerosal, or egg</li> </ul>
MMR	<ul style="list-style-type: none"> <li>• Breastfeeding</li> <li>• Pregnancy of recipient's mother or other close or household contact</li> <li>• Recipient is female of child-bearing age</li> <li>• Immunodeficient family member or household contact</li> <li>• Asymptomatic or mildly symptomatic HIV infection</li> <li>• Allergy to eggs</li> </ul>

<sup>4</sup> For a complete list of conditions and most recent recommendations review the ACIP Guide to Contraindications and Precautions

VACCINE	CONDITIONS <u>INCORRECTLY PERCEIVED AS</u> CONTRAINDICATIONS AND PRECAUTIONS TO VACCINES (I.E., VACCINES MAY BE GIVEN UNDER THESE CONDITIONS)
Tdap	<ul style="list-style-type: none"> <li>• History of fever of <math>\geq 40.5^{\circ}\text{C}</math> (<math>\geq 105^{\circ}\text{F}</math>) for <math>&lt; 48</math> hours after vaccination with previous dose of DTP/DTaP</li> <li>• History of collapse or shock-like state (hypotonic hyporesponsive episode) within 48 hours after receiving a previous dose of DTP/DTaP</li> <li>• History of persistent, inconsolable crying lasting <math>&gt; 3</math> hours within 48 hours of receiving a previous dose of DTP/DTaP</li> <li>• History of extensive limb swelling after DTP/DTaP/Td that is not an Arthus-type reaction</li> <li>• History of stable neurologic disorder</li> <li>• Immunosuppression</li> </ul>
Varicella	<ul style="list-style-type: none"> <li>• Pregnancy of recipient's mother or other close or household contact</li> <li>• Immunodeficient family member or household contact</li> <li>• Asymptomatic or mildly symptomatic HIV infection</li> <li>• Humoral immunodeficiency (e.g., agammaglobulinemia)</li> </ul>
Vaccine	<ul style="list-style-type: none"> <li>• Conditions incorrectly perceived as contraindications and precautions to vaccines (i.e., vaccines may be given under these conditions)</li> </ul>