UNMC Student Immunization Policy

Purpose:
To establish standards in regards to immunizations of UNMC students and others participating in educational programs at UNMC.

Scope:
The policy addresses all students and others participating in educational programs at the University of Nebraska Medical Center (UNMC) and is based on standards from the Center Disease Control (CDC), the Nebraska Department of Health and Human Services, and the US State Department. Vaccination of students is important to mitigate risk of contracting a serious disease, suffering negative consequences of the disease (extended hospitalization, loss of a limb), or death.

A. Policy:

1. Students enrolled exclusively in online courses and not physically present on a UNMC campus / site for classes, projects or rotations are exempt from these immunization requirements. If a student begins classes, projects or rotations on a UNMC campus / site, the student will need to submit proof of immunization/immunity as described below.

2. Continuing and newly enrolled UNMC students, and others including inter-campus students and visiting students / scholars participating in educational programs physically present at a University of Nebraska Medical Center (UNMC) campus / sites for classes, projects or rotations must comply with basic immunization requirements as described in this policy.

3. Students whose training includes clinical settings and patient contact must comply with basic AND expanded immunization requirements.

4. Students who do not comply with immunization requirements described in this policy may not be permitted to enroll, nor be assigned to clinical sites until the requirements are met.

B. Basic Immunization Requirements

1. All students who will be physically present at a UNMC campus / site for classes, projects or rotations must meet basic immunization requirements prior to registration, with a strong recommendation that submission be completed at least one month prior to the start of the term. Immunization uploads received after this deadline may not be processed in time to allow registration without a late registration fee.

<table>
<thead>
<tr>
<th>Basic Requirements</th>
<th>Minimum Requirements for Registration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rubeola (Measles), Mumps, Rubella (German Measles), (MMR)</td>
<td>First of two Vaccines and / or Evidence of Serologic Immunity</td>
</tr>
<tr>
<td>Tetanus / Diphtheria / acellular pertussis (Tdap)</td>
<td>Within the last 10 years</td>
</tr>
</tbody>
</table>
Varicella (chicken pox)  |  First of two Vaccines and / or Evidence of Serologic Immunity
---|---
Hepatitis B Vaccine  |  First of three Vaccines OR Evidence of Serologic Immunity

2. All students who will be physically present at a UNMC campus / site for classes, projects or rotations must meet the following basic immunization requirements in accordance with the timeframe specified in the table below. If these requirements are not met, a hold will be placed on the student’s account, and the student will not be able to register or be admitted into class. Students are responsible for late registration fees encountered due to late submission of immunization documentation.

<table>
<thead>
<tr>
<th>Basic Requirements (continued)</th>
<th>Due within 3 months of the start of Student’s First Term Enrolled</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rubeola (Measles), Mumps, Rubella (German Measles), (MMR)</td>
<td>Second of two Vaccines and / or Evidence of Serologic Immunity</td>
</tr>
<tr>
<td>Varicella (chicken pox)</td>
<td>Second of two Vaccines (includes the one done prior to registration) and / or Evidence of Serologic Immunity</td>
</tr>
<tr>
<td>Tuberculosis Screening</td>
<td>Two (2) PPD Skin Tests or IGRA, and Annual Review of Risk Assessment and Symptoms</td>
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<table>
<thead>
<tr>
<th>Basic Requirements (continued)</th>
<th>Due within 9 months of the start of Student’s First Term Enrolled</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B Vaccine</td>
<td>Second and third of three Vaccines (includes the one done prior to registration) AND Evidence of Serologic Immunity</td>
</tr>
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</table>

C. Expanded Immunization Requirements

1. All students whose training includes clinical settings and patient contact must comply with all basic requirements and expanded immunization / immunity requirements prior to training in clinical settings and patient contact. Students in non-clinical programs may be required to meet the expanded immunization / immunity requirements to fulfill student, programmatic and community health care needs (e.g. capstone projects, practicum, and observership).

2. Students at risk for Polio must also follow the extended requirement for Polio vaccination if the student will:
   - travel to a country where there is an increased risk of getting polio, or
   - work in a laboratory and handle specimens that might contain polioviruses.

<table>
<thead>
<tr>
<th>Expanded Requirements</th>
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</thead>
<tbody>
<tr>
<td>Polio</td>
<td>Most current Vaccine Date</td>
</tr>
<tr>
<td>Influenza</td>
<td>Annual Vaccine required for College of Nursing</td>
</tr>
</tbody>
</table>

Influenza and meningococcal vaccinations are recommended by the CDC for healthcare workers.
3. Individuals are required to participate in UNMC related monitoring of Flu vaccination by confirming vaccination or declination using the electronic monitoring processes established by the University of Nebraska Medical Center.

D. Documentation

1. UNMC students must submit a completed online UNMC Immunization Form (found under MyRecords) to UNMC Student Health to document proof of required vaccinations and/or immunity as described in this policy.

2. Individuals participating in educational programs where a Nebraska University Identification Number is not assigned must follow procedures approved by Student Health Administration for documenting their immunization requirements.

3. Documentation must be in English and be certified by a health care provider or medical records official.

4. Students enrolled in the following programs will not need to provide immunization / immunity documentation:
   a) UNMC High School Alliance Program, having fulfilled the Nebraska Department of Health and Humans Services requirement.
   b) Military Physician Assistant Programs.

5. UNMC permits medical and religious exemptions to immunization requirements. Students who submit Vaccination Waiver Request Forms (see below) are subject to the prevailing state regulations governing quarantines in case of outbreaks, and university policies related to forfeiture of tuition and fees. Students will not be exempt from course/program requirements. Clinical and practicum sites for projects and rotations have their own requirements for immunizations. UNMC does not control these requirements and students who do not meet the vaccination requirements of clinical and practicum sites may not have their choice of project / rotation sites. Additionally, failure to complete clinical and practicum requirements may affect a student’s ability to successfully complete a course of study. All Request for Waiver of Immunization requirements should be directed to Student Health. Students seeking a waiver MUST consult UNMC Student Health.

Procedure:

I. Within seven days of a student confirming their acceptance of a spot in a UNMC program, College Student Services staff and Program Directors are responsible for sending all accepted students the required immunization information and how to complete the immunization requirements.

II. Students are responsible for entering data and backup documentation into the MyRecords dashboard as soon as possible, with a strong recommendation that submission be completed at least one month prior to the start of the term. Immunization uploads received after this deadline may not be processed in time to allow registration without a late registration fee. Immunizations received after the start of the classes may require a delay of registration until the following semester.

III. Incomplete data entry will not be accepted as fulfilling these requirements, unless approved by the Student Health Director, Student Health Provider, or Student Health Administration.

IV. Any additional fee incurred related to immunization and or screening for immunity that may apply will be the responsibility of the student.
V. Students requesting a waiver of immunization requirements are to complete the UNMC Vaccination Waiver Request form (see below), with a strong recommendation that submission be completed at least one month prior to the start of the term.
   a. Student Health will inform the Academic Associate Dean of the relevant college of the request and direct the student in obtaining baseline immunity results for the required immunizations at the student’s expense.
   b. Baseline immunity results will be required to document presence or absence of immunity for all required vaccinations unless proof of vaccination can be provided.
   c. Baseline immunity results and the completed Waiver Form must be submitted to Student Health at least one month prior to the start of class. The form and baseline immunity results will be shared with the UNMC ADA Coordinator in the instance of Medical Waiver.
   d. The UNMC ADA Coordinator, in coordination with the Academic Associate Dean of the relevant college, will formulate an accommodation plan.
   e. The UNMC ADA Coordinator will prepare a written response to the student and meet with him/her as indicated. A copy of the completed Waiver Form will also be forwarded to Student Health Administration to be placed in the Students Immunization Record.

Date Policy Adopted: September 2013

Date Policy Revised: July 2020

Date Reviewed: University General Counsel: July 2020

Responsible Reviewer(s): Phil Covington, Associate Vice Chancellor for Student Success
                         Tere Batt, Student Health Program Coordinator
                         Dr. Douglas Wheatley, Medical Director, Student Health
                         Dr. Richard Starlin, Medical Director, Employee Health

Approved by: Education Council and Dr. Rupp, Medical Director, Infection Control & Infectious Diseases

Reviewed: Every Two Years
UNMC Vaccination Waiver Request Form

This form must be completed and submitted to Student Health, accompanied by the baseline immunity results for all required immunizations; except Tdap and Flu.

Student Name: ________________________________  
Student DOB: ________________________________  
NUID: ________________________________  
Email: ________________________________

<table>
<thead>
<tr>
<th>Waiver Titer Panel</th>
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<tbody>
<tr>
<td>Varicella Zoster IgG</td>
</tr>
<tr>
<td>Mumps IgG</td>
</tr>
<tr>
<td>Rubeola IgG</td>
</tr>
<tr>
<td>Rubella IgG</td>
</tr>
<tr>
<td>Hepatitis B Surface AB * if negative will need Hepatitis B Surface AG*</td>
</tr>
<tr>
<td>QuantiFERON®-TB Gold test (QFT-G)</td>
</tr>
<tr>
<td>Polio (P1, P2, &amp;P3)</td>
</tr>
</tbody>
</table>

Reason for requesting Waiver

____ Medical: provide detail of the specific reason ____________________________________________

________________________________________   Date: __________________

Signature of Provider*:

____ Religious belief: I attest to the fact that immunization conflicts with the tenets and practice of a recognized religious denomination of which I am an adherent or member or that immunization conflicts with my personal and sincerely followed religious beliefs.

I understand that if I am not vaccinated, I may be required to wear a mask or use other protective devices such as a gown while in certain patient care areas or certain healthcare facilities. I may or may not be required to pay for these protective devices.

I understand that I am required to remove myself from classrooms and clinical rotations at the first sign of infection/disease. I understand that I may not return until cleared by Student Health. If completion of course requirements is delayed due to my illness, my program of study may need to be modified and my expected graduation date may be delayed.

I understand that I may be required to excuse myself from a clinical assignment if I do not have immunity to a vaccine-preventable disease and said disease begins to circulate in the community where my clinical rotation is scheduled. In the event I am not able to complete clinical assignments as scheduled, my program of study may need to be modified and my expected graduation date may be delayed.

I understand that I am responsible for informing my clinical supervisors of my vaccination status so that they may assist in determining agency requirements and patient assignments.

I understand that failure to comply with these waiver requirements may result in disciplinary action, up to and including dismissal from the program.

I affirm that I have read the above information and agree to abide by the requirements of this waiver.

Student Signature: __________________________________________   Date: ________________

Signature of Student’s Parent/Guardian, if under 19: __________________________________________   Date: ________________

Student Health Director Signature: __________________________________________   Date: ________________

UNMC ADA Coordinator Signature: __________________________________________   Date: ________________

*Eligible providers defined by R.R.S. Neb. § 79-221.