



WILLIAMSON
COLLEGE of the TRADES
Founded 1888

May 3, 2021

Office of the Provost

Policy Letter: Student Immunization Policy

Williamson's student immunization policy is in alignment with guidance issued by the Centers for Disease Control and Prevention (CDC), the American College Health Association (ACHA), the Federal and State Departments of Education and Departments of Health. This letter outlines the college's student immunization policy to include required vaccinations and the exemption request process.

As outlined within the College Catalog and admission documentation, the college requires all students to be fully vaccinated. Required vaccinations include:

- **SARS-CoV-2 (COVID-19)**
- **Meningococcal**
- **Meningococcal B**
- **Measles**
- **Mumps**
- **Rubella**
- **Tetanus/Diphtheria**
- **Tetanus/Diphtheria/Acellular Pertussis (Tdap)**
- **Hepatitis B**
- **Varicella**

Note: The college reserves the right, in support of campus safety, to require any additional vaccinations (e.g., Influenza, etc.) as recommended by the Centers for Disease Control and Prevention (CDC), the American College Health Association (ACHA), the Federal and State Departments of Education or Departments of Health in response to a pandemic or other significant medical issue.

Exemption Request:

Williamson does allow students to *request* an exemption from vaccination in full, or in part, due to medical necessity or religious belief. However, due to the framework of Williamson's student cohort model, required student residency, and the hands-on nature of a technical trade education, the College reserves the right to deny any student exemption requests. All student immunization exemption requests must be submitted to the Vice President for Student Affairs for currently enrolled students or the Vice President for Enrollment Management for incoming freshmen.

Medical exemption requests must include a letter from a licensed physician outlining the medical condition supporting the request. The student must also authorize the issuing physician to disclose all related information regarding the medical condition to the College.

Religious exemption requests must be from a recognized faith that has published doctrine supporting the exemption and include a letter from a spiritual/religious leader from the local place of

worship to which the requesting student is a member. The letter must state that the student is a member of the congregation and taking the vaccine violates religious beliefs.

College administration will review each request on a case-by-case basis with final approval determined by the college President. Medical and religious exemptions may be granted based on the specific circumstances of each request, but the expectation is that the student population on campus will overwhelmingly consist of vaccinated individuals. The administration will make every effort to reach a decision within ten business days of receiving a student's request. If the exemption request is granted, the student may be required to submit additional supporting documentation.

If the exemption request is denied, the student will be required to comply with the college's immunization policy. The college will work with the student and their physician to develop a vaccination regimen and may, depending on the vaccine, grant provisional status to the student until the regimen is completed, even if the completion date extends beyond the start of the academic year. Students on a provisional status who fail to complete their established vaccination regimen on schedule may forfeit their scholarship and be dismissed.

Questions concerning this policy may be directed to the Office of the Provost.

Todd Zachary, Ed.D.
Provost
Williamson College of the Trades

Reason for Exemption Request: Medical Religious

Date of Request: _____

_____ (Student Name) is requesting an exemption from the vaccine(s) checked below (Please place a check next to the vaccine(s) below to which an exemption is being requested):

- SARS-CoV-2 (COVID-19)
- Meningococcal
- Meningococcal B
- Measles
- Mumps
- Rubella
- Tetanus/Diphtheria
- Tetanus/Diphtheria/Acellular Pertussis (Tdap)
- Hepatitis B
- Varicella

I have submitted with this request the required supporting documentation as outlined within this policy letter.

(Student Signature)

(Parent Signature is students is under 18 years of age)