

LINCOLN DIOCESAN IMMUNIZATION POLICY

J.D.C.
Approved
9.19.2019

All students enrolling in Catholic Schools in the Lincoln Diocese are expected to be vaccinated according to the childhood immunization requirements of Nebraska State law.

The following exemptions are recognized under State law and diocesan policy:

1. Medical – this requires a waiver signed by a competent medical authority.
2. Conflict with personal and sincerely held religious beliefs.

REQUESTING AN EXEMPTION

Any request for an exemption must be made in writing, stating the basis of the requested exemption. The request should be addressed to both the principal and the Chief Administrative Officer (CAO) of the Catholic school where the student intends to enroll. The deadline for requesting an exemption is August 1 for students who intend to enroll beginning with the fall semester. The deadline is January 2 for students intending to enroll beginning with the spring semester. At their discretion, the school principal and the CAO may request to meet with the parents/guardians.

REGARDING ANY REQUEST FOR AN EXEMPTION

Vaccination Disclosure

Prior to enrollment, parents/guardians claiming an exemption must submit to the school, a notarized affidavit listing which immunizations required by Nebraska State law have not been received by their child.

Risk Acceptance Statement

Parent/guardians must sign a statement accepting full risk of any disability, illness or death to their child as a result of their decision to allow their child to enroll and attend any school affiliated program with other children, who may unintentionally expose their child to a vaccine preventable illness or disease. Further, parents/guardians must realize their risk of personal liability in the event their unimmunized child causes vaccine-preventable harm to another.

Exclusion Agreement

Parents/guardians must also sign an exclusion agreement which acknowledges that unvaccinated children may be excluded from school, extended care program, and other school affiliated activities when a communicable illness or disease occurs in a facility.

REGARDING A REQUESTED EXEMPTION FOR PERSONAL/SINCERE RELIGIOUS BELIEFS

Catholic Church Teaching Regarding the Use of Vaccines

Although an exemption may not be claimed on the basis that use of current vaccines directly violates Catholic religious-moral teaching, parents may discern the issue in accord with their well-formed consciences. However, key elements of the Church's teaching on immunization must be read and parents/guardians must sign a statement attesting that they have read the appropriate (2005) Church document. In doing so, parents/guardians acknowledge there is no Catholic religious-moral objection to childhood immunizations.

REFUSAL OF IMMUNIZATION For Medical Reasons

As the physician of:

Child's Last Name	First Name	Age
/ /		
Birth Date (mm/dd/yyyy)	School	Grade

I have elected to not immunize this student against the following disease(s):

- ♣ *Each disease for which a vaccine has not been administered must be checked. Parent / guardian must submit dates of immunization for all other diseases.*

Diphtheria	<input type="checkbox"/>
Tetanus	<input type="checkbox"/>
Pertussis	<input type="checkbox"/>
Polio	<input type="checkbox"/>
Measles (Rubeola)	<input type="checkbox"/>
Mumps	<input type="checkbox"/>
Rubella (German Measles).....	<input type="checkbox"/>
Hepatitis B.....	<input type="checkbox"/>
Varicella	<input type="checkbox"/>
Pneumococcal Conjugate.....	<input type="checkbox"/>
HIB (Haemophilus Influenzae Type b)	<input type="checkbox"/>
Hep A	<input type="checkbox"/>
Rotavirus	<input type="checkbox"/>

In my opinion, this immunization would be injurious to the health and well-being of :

The student	<input type="checkbox"/>
A member of the student's household or family	<input type="checkbox"/>

Comments:_____

Signature of Physician

Date

AFFIDAVIT

Refusal of Immunization of Student for Religious Reasons

This Affidavit is being submitted on behalf of:

(Name of Student)

_____/_____/_____
(Birthdate of Student – mm/dd/yyyy)

If the student is of the age of majority:

I, _____, of lawful age and being first duly sworn, depose and state as follows:
(Name of Affiant/Student)

Immunization conflicts with the tenets and practice of a recognized religious denomination of which I am an adherent or member or immunization conflicts with my personal and sincerely followed religious beliefs. List the vaccinations not received on the back of this page.

If the student is a minor: I,

_____, as legally authorized representative of
(Name of Affiant)

_____, of lawful age and being first duly sworn, depose and state as follows:
(Name of Student)

Immunization conflicts with the religious tenets and practice of a recognized religious denomination of which the student is an adherent or member or immunization conflicts with the student's personal and sincerely followed religious beliefs. List Vaccinations not received on the back of this page.

(Signature of Affiant)

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20____.

Notary Public

STATE OF NEBRASKA)
)
County of: _____) SS.

My Commission expires: _____

ACKNOWLEDGEMENT OF CHURCH TEACHING

The use of vaccinations currently required of children under Nebraska State law does not constitute a direct violation of Catholic moral teaching.

"On Vaccines Prepared from Cells Derived from Aborted Human Fetuses"

"As regards the diseases against which there are no alternative vaccines which are available and ethically acceptable, it is right to abstain from using these vaccines if it can be done without causing children, and indirectly the population as a whole, to undergo significant risks to their health. However, if the latter are exposed to considerable dangers to their health," [the determination of which is generally considered to be within the competency of the medical community, not the Church or individuals] "vaccines with moral problems pertaining to them may also be used on a temporary basis. The moral reason is that the duty to avoid passive material cooperation is not obligatory if there is grave inconvenience. Moreover, we find, in such a case, a. proportional reason, in order to accept the use of these vaccines in the presence of the danger of favoring the spread of the pathological agent, due to the lack of vaccination of children. This is particularly true in the case of vaccination against German measles."

"German measles may result in Congenital Rubella Syndrome. Congenital Rubella Syndrome "could occur, causing grave congenital malformations in the fetus, when a pregnant woman enters into contact, even if it is brief, with children who have not been immunized and are carriers of the virus. In this case, the parents who did not accept the vaccination of their own children become responsible for the malformations in question, and for the subsequent abortion of fetuses, when they have been discovered to be malformed."

Pontifical Academy for Life, Congregation for the Doctrine of the Faith, 2005

With these signatures, we attest that we have read, understand and recognize the aforementioned points to be Church teaching, to which Catholics must offer "a religious submission of the intellect and will."

Signature of Father/1 st Guardian	Date	Signature of Mother/2 nd Guardian	Date
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INDEMNIFICATION STATEMENT

We the Parents/Guardians of _____ understand and accept the risks associated with allowing my unimmunized child to attend school, extended care program, or other school affiliated activities, and I accept the risk of disability, illness, or death to my child as a result of the decision to allow my child to attend a program with other children who may expose my child to a vaccine preventable disease or illness. We understand that, should we decline to execute this agreement and my child remain unimmunized, my child will not be permitted to attend school, extended care program, or other school affiliated activities.

With these dangers in mind, we fully and voluntarily assume the risks involved in our decision as stated above. In doing so, we **understand that I am waiving – on behalf of ourselves, our dependent child, and all of our guardians, executors, administrators, legal representatives, successors, heirs or assigns – all rights and claims for damages, demands, and any other actions stemming from any loss, damage or injury to our dependent child that may arise from our decision to allow our unimmunized child to attend school, extended care program, or other school affiliated activities.**

We also understand and agree that we may be held liable for any damage, injury or loss to the (Diocese/school) that is caused by our own negligence, and we also understand and agree that we may be held liable for any damage, injury or loss to any third party that is caused by our own negligence. Finally, we promise to indemnify and hold harmless the (Diocese/school) and any of its agents or assigns for any cause of action, claims, suits, losses, and costs, including reasonable attorney's fees, arising out of our negligence associated with our decision to allow our unimmunized child to attend school, extended care program, or other school affiliated activities.

Unimmunized children may be excluded from school, extended care program, and other school affiliated activities when a vaccine preventable illness or disease occurs in a facility. As few as 1 reported case in a facility may lead to exclusion from school, extended care program, and other school affiliated activities. Unimmunized children who are excluded from school, extended care program, and other school affiliated activities during a vaccine preventable illness may not return until risk of spread of infection or illness has passed. In the case of influenza virus, exclusions from school, extended care and other school related activities will extend until the end of influenza season.

Signature of Father/1st Guardian

Date

Signature of Mother/2nd Guardian

Date

ASSURANCE STATEMENT

The parent(s) /guardian(s) of

(Names of Children)

have received information on the risks associated with the failure to immunize. A copy of the material is included with this statement.

Signature of Physician

Date