

LINCOLN DIOCESAN IMMUNIZATION POLICY

J.P.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.

CATHOLIC CHURCH TEACHING REGARDING THE USE OF VACCINES

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

Moral Reflections on Vaccines Prepared from Cells Derived from Aborted Human Fetuses

In 2005, the following document was commissioned by the Congregation for the Doctrine of Faith and was prepared by the Pontifical Academy for Life.

<https://cogforlife.org/wp-content/uploads/2012/04/vaticanresponse.pdf>

With these signatures, I/we attest that I/we have read the document and understand it to be the magisterial teaching of the Church. Further, I/we recognize that Catholics are morally permitted to utilize vaccines, particularly in the case of vaccination against Rubella (German measles), prepared from cells derived from aborted human fetuses.

Signature of Father/1st Guardian

Date

Signature of Mother/2nd Guardian

Date

RISK ACCEPTANCE STATEMENT

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

I/we fully and voluntarily assume the risks and responsibilities involved in my/our decision as stated above. In doing so, I/we understand that I/we are waiving – on behalf of myself/ourselves, my/our dependent child, and all of my/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 my/our dependent child that may arise from my/our decision to allow my/our child to attend school, extended care program, or other school affiliated activities.

Further, I/we understand choosing not to vaccinate my/our child is a personal decision. However, I/we also understand my/our decision potentially impacts not only my/our child but the entire school community. I/we understand that I/we risk being held liable if it can be determined that my/our unimmunized child caused illness, harm or injury to another person affiliated with the school, when such illness, harm or injury could have been prevented by vaccination.

Signature of Father/1st Guardian

Date

Signature of Mother/2nd Guardian

Date

EXCLUSION AGREEMENT FOR UNVACCINATED CHILDREN
DURING VACCINE PREVENTABLE DISEASE (VPD) OUTBREAK

I/we the parents/guardians of _____ understand and accept that during an outbreak of a vaccine preventable illness or disease, 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. As few as one reported case in a facility may lead to exclusion from school, extended care program and other school affiliated activities. Unvaccinated children who are excluded from school, extended care program and other school affiliated activities during a disease outbreak may not return until risk of spread of infection or illness has passed. The school is not obligated to modify services for the student during this time.

Signature of Father/1st Guardian

Date

Signature of Mother/2nd Guardian

Date

VACCINATION DISCLOSURE AFFIDAVIT

INSTRUCTIONS: Please indicate which of the following applicable vaccinations, required by the State of Nebraska, have not been received by your child.

Ages 2 through 5 years enrolled in a school based program not licensed as a child care provider

- ☐ 4 doses of DTaP, DTP, or DT vaccine
- ☐ 3 doses of Polio vaccine
- ☐ 3 doses of Hib vaccine or 1 dose of Hib given at or after 15 months of age
- ☐ 3 doses of pediatric Hepatitis B vaccine
- ☐ 1 dose of MMR or MMRV given on or after 12 months of age
- ☐ 1 dose of varicella (chickenpox) or MMRV given on or after 12 months of age. Written documentation (including year) of varicella disease from parent, guardian, or health care provider will be accepted.
- ☐ 4 doses of pneumococcal or 1 dose of pneumococcal given on or after 15 months of age

Students entering school (Kindergarten or 1st Grade depending on the school district's entering grade)

- ☐ 3 doses of DTaP, DTP, DT, or Td vaccine, one given on or after the 4th birthday
- ☐ 3 doses of Polio vaccine
- ☐ 3 doses of pediatric Hepatitis B vaccine or 2 doses of adolescent vaccine if student is 11-15 years of age
- ☐ 2 doses of MMR or MMRV vaccine, given on or after 12 months of age and separated by at least one month
- ☐ 2 doses of varicella (chickenpox) or MMRV given on or after 12 months of age. Written documentation (including year) of varicella disease from parent, guardian, or health care provider will be accepted. If the child has had varicella disease, they do not need any varicella shots.

Students entering 7th grade

Must be current with the above vaccinations AND receive

- ☐ 1 dose of Tdap (contain Pertussis booster)

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

_____, of lawful age and being first duly sworn, depose and state that the list of
(Name of Student)

immunizations checked above is a complete list of those that have not been received by _____.
(Name of Student)

(Signature of Affiant)

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

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

Notary Public

My Commission expires: _____

Affix Seal Here