

Immunization Policy

I. Policy Statement

This policy is designed to mitigate the risk of medical students enrolled in the College of Medicine (COM) contracting vaccine-preventable illnesses that could be acquired in a University facility or a facility where CNU students work or study.

II. Purpose

This policy outlines the requirements and process for incoming students to provide proof of immunity to respiratory transmitted vaccine-preventable diseases, and undergo screening for tuberculosis.

III. Scope/Coverage

This Immunization Policy applies to all medical students. This policy will be reviewed at least every three (3) years.

IV. Procedure

Responsible Parties

The CNU College of Medicine is responsible for implementing and enforcing this policy.

The Registrar is responsible for cooperating with the COM to develop holds that restrict class enrollment and registration for non-compliant students.

Required Vaccines and Screening

1. The diseases targeted by this policy include those that are spread by respiratory transmission, and therefore, can pose risk to others attending classes, using other University facilities or attending University events.

2. The required vaccines and screening reflect recommendations by the California Department of Public Health (CDPH) for Colleges and Universities, the American College Health Association (ACHA), and the CDC Advisory Committee for Immunization Practices. Given that these recommendations are subject to change, the required immunizations and screening for fall of each academic year will reflect the CDPH recommendations in place on February 1 of that same year.

3. Immunizations and screening required are listed in detail Appendix B, CNUCOM Immunization Requirements.

Vaccination Documentation

1. All incoming students must submit their vaccination history of vaccinations received and/or disease-specific antibody titers directly via a secure electronic interface prior to their first term of enrollment. Only medical exemptions to the vaccination requirement will be allowed via the process for student appeals for denials of medical exemption requests outlined below.
2. Students are required to submit documentation of the renewal of any expired and required immunization information to the OME at Immunizations@cnsu.edu. Failure to provide updated immunization information will result in a registration hold as outlined below.
3. All incoming students must sign an Authorization for Release of Health Information form prior to their initial academic term with the COM. The form will provide authorization for the COM to release health information relevant to the occupational health requirements for each clinical rotation site. Clinical rotations shall include observerships, clerkships, electives, and sub-internships.

Registration Hold for Students Who Fail to Comply with Vaccination Documentation Requirement

The COM will provide a list of students who are not compliant with the immunization/screening requirement to the Registrar who will apply holds for class registration for the upcoming term.

Exemptions to Receiving Required Immunizations

1. Students with a medical condition that prevents them from being safely vaccinated may apply for a medical exemption by having a licensed, treating medical provider [specifically a physician (MD or DO), nurse practitioner (NP), or physician assistant (PA)] complete a Medical Exemption Request Form. Students must then submit the completed form to the Office of Medical Education (OME) via email at Immunizations@cnsu.edu.
2. Requests that specify either a CDC or vaccine manufacturer's listed contraindication for one or more vaccines, or that contain a statement from the treating medical provider that the physical condition of the person or medical circumstances relating to the person are such that immunization is not considered safe, indicating the specific nature and probable duration of the medical condition or circumstances that contraindicate immunization with the vaccine(s), will meet criteria for approval. Exemption requests outside of these categories will be denied.
3. An Incoming Student whose medical exemption request has been denied may appeal the decision by submitting a request for appeal, along with a copy of the Medical Exemption Request Form, to OME. The appeal request and accompanying Medical Exemption Request Form will be deidentified and forwarded to the Dean's Executive Council (DEC) for review and a decision which shall be rendered within 60 days of receipt. A student who submits an appeal will be allowed to register for classes throughout the academic period in which the appeal is being reviewed, decided and communicated. If the committee denies the student's appeal, the student will not be allowed to register for classes the following term unless the student complies with the immunization requirement.



Associated forms:

Appendix A - Authorization for Release of Health Information

Appendix B - CNCOM Immunization Requirements

Appendix C - Medical Exemption Request Form

Approval record:

APPROVED: COM OME: 7/28/23

APPROVED: COM DAC: 8/2/23

APPROVED: PEC: 8/7/23

REVIEW: every three years (or more often if required)



AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION

9700 West Taron Drive
Elk Grove, CA 95757
Immunizations@cnsu.edu

Student Name (Last, First, Middle) _____

Address _____

Phone _____ Student ID _____ Date of Birth _____

Authorization: Student hereby authorizes California Northstate University and its school officials to Release Information to external entities that require Immunization Records in advance of the student's clinical rotations (observerships, clerkships, electives, and sub-internships). The records will be provided solely for the purpose of producing documentation to support the external entities' Immunization Policies.

Type of Disclosure: Verbal Communication & Electronic Copies of Records

Expiration and Validity of Authorization: Unless otherwise revoked, this Authorization is effective immediately and shall remain in effect until the student graduates from the College of Medicine.

Notice: CNU and many other organizations and individuals such as physicians, hospitals and health plans are required by law to keep your health information confidential. If you have authorized the disclosure of your health information to someone who is not legally required to keep it confidential, it may no longer be protected by state or federal confidentiality laws.

YOUR RIGHTS

This Authorization to release health information is voluntary.

This Authorization may be revoked at any time by providing written or electronic notice to the Office of Medical Education at OME@cnsu.edu.

A copy of this Authorization shall be valid as an original. You are entitled to receive a copy of this Authorization upon request.

I understand that by signing this authorization:

- I authorize the use or disclosure of my individually identifiable health information as described above for the purpose listed.
- I have the right to withdraw permission for the release of my information. If I sign this authorization to use or disclose information, I can revoke that authorization at any time. The revocation must be made in writing and will not affect information that has already been used or disclosed.
- I have the right to receive a copy of this authorization.
- I am signing this authorization voluntarily.
- I further understand that a person to whom records and information are disclosed pursuant to this authorization may not further use or disclose the medical information unless another authorization is obtained from me or unless such disclosure is specifically required or permitted by law.

Signature of the Student

Date

Required Immunization	Documentation Requirements
Measles, Mumps, and Rubella (MMR)	Documentation of ONE of the following: <ul style="list-style-type: none"> - 2 Vaccination dates - Positive titer showing immunity (if the titer is negative or equivocal, you must repeat the series AND provide documentation of the 2nd titer)
Varicella (chickenpox)	Documentation of ONE of the following: <ul style="list-style-type: none"> - 2 Vaccination dates - Positive titer showing immunity (if the titer is negative or equivocal, you must repeat the series AND provide documentation of the 2nd titer)
Tetanus, Diphtheria, and Pertussis (Tdap)	Proof of booster from within the past 10 years
Hepatitis B	Proof of all three vaccinations
Tuberculosis	Proof of a 2 step TB Skin Test or Negative TB Quantiferon Gold Test
Influenza	Documentation of flu shot administered within the past 12 months
COVID-19 Vaccine	Proof of the 2 shot COVID vaccine series OR the Johnson and Johnson 1 shot COVID vaccine
COVID-19 Booster	Documentation of <ul style="list-style-type: none"> - Original Pfizer and Moderna booster - Original Johnson and Johnson booster
Other - As Needed	Any new available immunization for contagious and contagious reportable diseases may be deemed a requirement of all entering students by the University



Student Name (Last, First, Middle) _____

Address _____

Phone _____ Student ID _____ Date of Birth _____

I, _____ [Name of licensed MD, DO, PA, NP] have reviewed the California Northstate University College of Medicine Immunization Exemption Policy, and hereby certify that the above-named student has:

A medical condition that contraindicates his/her vaccination with _____ vaccine:

Please check the appropriate box and list below either:

- The applicable CDC contraindication to this vaccine*, or
- The applicable manufacturer's vaccine insert contraindication to this vaccine*, or
- The physical condition of the person or medical circumstances relating to the person that are such that immunization is not considered safe, indicating the specific nature of the medical condition or circumstances* that contraindicate immunization with this vaccine

**REQUIRED: Description of contraindication meeting criteria a, b, or c above:

This contraindication is (circle one): Permanent or Temporary

If temporary: The expiration date of the exemption for this vaccine is: _____

Titers for immunity to this disease: (Please attach photocopies of any titer results if done)

- Indicate that he/she is immune
- Indicate he/she is NOT immune
- Have not yet been obtained

Signature of Medical Provider:

Date:

Medical License Number & State/Country of Issue:

Practice Address:

Provider Phone Number & Email:

Students: Return this completed form to the OME office at Immunizations@cnsu.edu.