

## Wingate University Vaccination Policy

North Carolina law requires persons attending a college or university, whether public, private or religious, to present a Certificate of Immunization for certain immunizations, including the following:

- Diphtheria, tetanus and pertussis
- Polio
- Measles
- Mumps
- Rubella
- Hepatitis B (Hep B)
- Varicella
- Meningococcal conjugate (MenACWY)

The Registrar is responsible for assuring the required immunizations have been received by all new (undergraduate and graduate) students enrolling in the college or university. The statute applies to all students except for students residing off-campus **and** registering for any combination of:

- Off-campus courses
- Evening courses (classes beginning after 5 p.m.)
- Weekend courses
- No more than four day credit hours in on-campus courses

1. Reasonable accommodations will be made for students with verifiable medical or religious reasons. To the extent students seek a medical or religious immunization exemption request, please complete the forms at Schedule A and Schedule B. Medical exemptions can only be requested by a physician licensed to practice medicine in North Carolina who has a known relationship with the student. Students should complete the applicable form in Schedule A. To claim a religious exemption, the person requesting the exemption must write a statement of their bona fide religious objection to immunization, including the name and date of birth. Students who submit false documentation or knowingly submit false information in pursuit of this exemption are in violation of the Wingate Honor Code and will be subject to discipline.

2. **Important Statement and Disclaimer for Health Science Students.** Although Wingate University will consider all bona fide vaccine exemption requests, many healthcare partners and clinical rotation sites nevertheless require the immunizations set forth above, in addition to CDC-recommended immunizations such as influenza and COVID-19. **Therefore, if you seek an immunization exemption request, please be advised that it may affect clinical placement and delay your progression through the program.** Although Wingate will use reasonable efforts to place all students in their desired, and required, clinical placements, there is an increasing likelihood that clinical sites will not permit unvaccinated students (even with a religious or medical exemption) to participate in the clinical program. **Wingate cannot guarantee that you will successfully progress through the program without all required immunizations.**

3. **Proof of Vaccine.** For the following health science students (*i.e.*, Pharmacy, Physician Assistant Studies, Physical Therapy, Occupational Therapy, and Nursing), you are responsible for providing proof of full vaccination (copies of your vaccine cards showing you received all applicable doses). If granted, all exemptions are to be submitted to both the Wingate University health center and to:

Karen Friel, PT, DHS  
Vice Provost  
Dean, Levine College of Health Sciences  
Stegall, 2nd Floor  
Wingate University  
211 E Wilson St  
Wingate, NC 28174  
[k.friel@wingate.edu](mailto:k.friel@wingate.edu)

4. **Certification of Vaccine Status to the Clinical Site.** Students agree that Wingate may share their vaccination status with the clinical partner.

5. **Subject to Change.** This policy is subject to change. Students must familiarize themselves with the vaccination procedures and policies of the clinical sites to which they apply or are assigned, all of which are also subject to change.

**SCHEDULE A**

**Complete the applicable form:**

[https://immunization.dph.ncdhhs.gov/schools/pdf/medical\\_exemption\\_form\\_3987\\_2020.08.03.pdf](https://immunization.dph.ncdhhs.gov/schools/pdf/medical_exemption_form_3987_2020.08.03.pdf)

[https://immunization.dph.ncdhhs.gov/schools/pdf/physician\\_medical\\_exemption\\_form\\_3995\\_2020.08.03.pdf](https://immunization.dph.ncdhhs.gov/schools/pdf/physician_medical_exemption_form_3995_2020.08.03.pdf)

Submit to Sherrie McCaskill (s.mccaskill@wingate.edu)

**SCHEDULE B**

**Faith-Based Exemption Request**

This form to be completed by the individual requesting a faith-based exemption		
Name: _____	Contact Number: _____	Date of birth: _____
Home address: _____		
Student ID Number _____		
I request a faith-based exemption from .		
Individual's Signature: _____		
Date: _____		

<p><b>Explanation of Faith-Based Request</b></p> <p>Name of Religion/Belief System: _____</p> <p><b>REQUIRED:</b> Please explain the faith-based belief and how it relates to the particular vaccine. To evaluate the request, please submit (1) past documentation of medical and immunization history, (2) a statement or explanations of the nature and tenets of your asserted beliefs and information about when, where, and how they follow the practice or belief, (3) written religious materials describing the religious belief or practice, and (4) written statements or other documents from third parties, such as religious leaders, practitioners, or others with whom you have discussed your beliefs, or who have observed your past adherence.</p>
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