SECTION V: IMMUNIZATION POLICY AND MANDATORY REPORTING

Immunization Policy

Every student enrolled in a Catholic school in the state of Texas shall be immunized against vaccine preventable diseases caused by infectious agents in accordance with the immunization schedule adopted by the Texas Department of State Health Services. Each Catholic school shall keep an individual immunization record during the period of attendance for each student admitted. Pharmacy vaccination records maybe accepted from any United States pharmacy so long as the records are sent directly to the school from the pharmacy. **A student who fails to present the required evidence shall not be accepted for enrollment.**

Provisional Enrollment

All immunizations should be completed by the first date of attendance for a student. The law requires that students be fully vaccinated against the specified diseases. A student may be enrolled provisionally if the student has an immunization record that indicates the student has received at least one dose of each specified age-appropriate vaccine required. To remain enrolled, the student must complete the required subsequent doses in each vaccine series on schedule and as rapidly as is medically feasible and provide acceptable evidence of vaccination to the school.

A school nurse or principal shall review the immunization status of a provisionally enrolled student every 30 days to ensure continued compliance in completing the required doses of vaccination. If at the end of the 30-day period, a student has not received a subsequent dose of vaccine, the student is not in compliance, and the school shall exclude the student from school attendance until the required dose is administered.

Transfer Student

Students transferring from a public school or private school may be enrolled for no more than 30 calendar days while awaiting the transfer of the immunization record. If at the end of the 30 day period the student's immunization record has not been received, the student is not in compliance, and the school shall exclude the student from school attendance until the immunization record is received.

Medical Exemption

Only a medical exemption signed by a licensed physician (M.D. or D.O.) authorized to practice in the state of Texas will be allowed. Families requesting a medical immunization exemption must submit a completed form that includes the child's full legal name and date of birth signed by a Texas-licensed physician (M.D. or D.O.). The Catholic school will review and file the

form in the student's health record and provide a copy of the form to the Superintendent for final review and retention. **The exemption is valid for one year unless the physician states the child has a life- long condition.** The exemption will remain valid while the physician maintains an active Texas license; if the physician ceases the medical practice within Texas, the parent must submit an updated form. See the Medical Exemption Form on next page.

Conscientious Objection or Waiver

Catholic schools shall not accept students whose parents have submitted a parental choice or religious exemption from the immunizations required by Texas state law. **Conscientious objections or waivers, which may be permissible for attendance in public schools, do not qualify as an exemption in Catholic Schools in Texas.** (Atty. Gen. Op. GA-0420) See page 30

Pontifical Academy for Life Statement

The Pontifical Academy for Life rejects the claim that Catholics have a moral duty to refuse the rubella vaccine on the grounds of conscience and Catholic teaching. It encourages Catholic parents to vaccinate their children against rubella and other serious diseases despite the unfortunate origin of the cell lines used in the manufacture of vaccines. Therefore, immunizations are not in conflict with the Catholic faith. [The Pontifical Academy for Life, "Moral Reflections on Vaccines Prepared from Cells Derived from Aborted Fetuses", 2005: +DEF].

This immunization policy was approved by the Texas Catholic Conference Accreditation Commission and endorsed by the Bishops of Texas in January 2009 and reaffirmed by the Bishops of Texas in April 2017, 2021, 2023, 2024, 2025 and 2026 with no changes.

Form 311

Medical Exemption from Immunization Requirement/s

Date: _____

Patient Name: _____ Date of Birth: _____
(Please PRINT Full name) (mm/dd/yyyy)

School Name: _____

Address: _____

On _____ I, the undersigned physician, examined the Patient named above.
Date

Based on my examination, it is my professional judgment that the Patient named above will face *serious* health risk(s) - which are checked below - **if the Patient receives the following named vaccination/s.**

Generic name/s of the Vaccine(s) that the named patient should not receive: _____

_____

Identify Serious Health Risk(s): (Please check one)

- ❑ The Patient has the following allergy to the vaccination(s) listed above _____ _____ and will suffer the following severe allergic reaction if the Patient receives the vaccination: _____
- ❑ I have diagnosed the Patient with the following immunodeficiency: _____ _____ and if the Patient receives the vaccination the Patient will face the following serious health risk: _____
- ❑ I have diagnosed Patient with the following neurological disorder: _____ _____ Patient receives the vaccination the Patient will face the following serious health risk: _____

Please check accordingly:

- ❑ Valid for school year: _____ - _____ (this exemption will be valid for one school year)
- ❑ This is to be a lifelong medical exemption from the Vaccine/s listed above.
- ❑ It is also my judgment that admitting the Patient to the School named above will pose no serious health risk to the rest of the school community, children, or staff.

Texas MD/DO Signature:	Texas MD/DO License #
Printed Name:	Phone:
Date of Patient Exam:	Address: City, State Zip:

***This completed form must be approved by the Diocese of Austin.**
*** Licensed physician (MD or DO) must be authorized to practice in the state of Texas.**

Adopted: 06/08; Revised: 05/10, 04/13,07/15, 06/16, 6/26