



Immunization Policy for Participating Minor

PURPOSE:

The purpose of this policy is to establish an immunization policy for all children under the age of 18 at B'nai B'rith Camp (BB Camp) sponsored events and certain activities on the BB Camp campus, which are not BB Camp sponsored events.

PROCEDURES:

Required Vaccination

Immunizations are required for all children attending in-person BB Camp sponsored events. Parents and/or guardians may be required to attest to their child(ren)'s immunization status. BB Camp reserves the right to request proof of vaccination.

Age-appropriate up-to-date immunization are required as indicated by the Oregon Health Authority [Required Shots for School and Children's Facilities](#).

The following vaccinations are **REQUIRED** for participation prior to arrival at BB Camp sponsored events:

- Diphtheria, tetanus, pertussis (DTaP or TDaP)
- Hepatitis B
- Hepatitis A
- Hib (Haemophilus influenzae type B) – only for children under 5 years of age
- Measles, mumps, rubella (MMR)
- Polio
- Varicella (Chickenpox)

In addition to these requirements, the following vaccines are **STRONGLY RECOMMENDED** based on camper's age based on CDC recommendations.

- COVID 19
- Influenza/Flu
- HPV
- Meningococcal

Medical Exemption:

Any application for an exemption must include a letter signed by an allopathic or osteopathic physician, advanced practice registered nurse (e.g., nurse practitioner), or physician's assistant. The

BBCAMP.ORG 6443 SW Beaverton-Hillsdale Hwy, Suite 234, Portland, OR 97221 1



rationale for the request should be consistent with the Centers for Disease Control and Prevention guidelines.² Requests must include completion of BB Camp’s “Medical Exemption Request Form” (Appendix 1). This application must be submitted to the Chief Executive Officer, or designee, and evaluated for final decision. BB Camp will review all exemptions and has the right to deny attendance for any camper who is unvaccinated or partially vaccinated.

**Non-medical exemptions will not be granted.*

DEFINITIONS:

B’nai B’rith Camp sponsored events, include residential and day camps, family camps, or other youth and teen programs.

Up-to-date immunization series, in compliance with CDC recommendations, refers to vaccines that require multiple injections to reach full immunity. This may include booster vaccines and other prescribed intervals.

REFERENCES:

1. Oregon Health Authority (OHA). (n.d.). Immunization Resources: Required Shots for School and Children’s Facilities. Retrieved on January 18, 2023. <https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/VACCINESIMMUNIZATION/GETTINGIMMUNIZED/Pages/SchRequiredImm.aspx>Our policy will always comply with but may exceed the Oregon Health Authority’s (OHA) School and Child Care requirements.
2. Centers for Disease Control and Prevention (CDC). (n.d.). Vaccine Recommendations and Guideline of the Advisory Committee on Immunization Practices (ACIP): Contraindications and Precautions. Retrieved on January 18, 2023. <https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html>

APPENDIX:

1. Medical Exemption Request Form

Reviewed and Updated by Wellness Committee: February 17, 2023

Approved by Board of Directors: February 27, 2023

APPENDIX

Medical Exemption Request Form

Date: _____

Name of Participant: _____

Parent/Guardian Name (if request is for a minor): _____

Phone: _____ Email: _____

BB Camp Program Exemption Requested For: _____

Describe the nature and extent of the requested medical exemption:

A letter signed by an allopathic or osteopathic physician, advanced practice registered nurse (e.g., nurse practitioner), or physician's assistant supporting this request must be submitted with the Medical Exemption Request Form.

Provide the name, address, and telephone of your health care provider. The provider may receive a request from us for additional information regarding your request.

I authorize the release of information regarding the requested exemption to B'nai B'rith Camp Chief Executive Officer, or designee, as deemed necessary to facilitate this request for exemption.

Signature: _____

Printed Name: _____

Relationship to Participant: _____