PROOF OF IMMUNIZATION COMPLIANCE

Louisiana R.S. 17:170/Schools of Higher Learning

Name:_____ Semester of Enrollment:_____
(Last) (First) (M.I.)

Date of Birth:_____ SS Number:_____ Telephone: (_____) _____

Instructions: Immunization requirement is applicable ONLY to students born on or after January 1, 1957. You must either have a Physician or Health Care Provider complete Section A **or** submit the Universal Certificate of Immunization provided by the Department of Health and Hospitals, Office of Public Health. All students must complete Section C. **No other attachments or photocopies accepted**. If you have not been immunized for all required diseases, you may request an exemption by completing Section B.

Section A : Requirements (Please Omit Gray Areas)

	Date of 1st Dose	Date of 2nd or Most Recent Dose	Date of Disease/Results or Serologic Test/Results
Measles\Mumps\Rubella			
MMR (Two doses)			
Or			
Measles (Two doses)			
Mumps (At least one dose)			
Rubella (At least one dose)			
Tetanus-Diphtheria (Booster within the Past 10 Years)			
Meningitis			
Menanctra (One dose within 5 years)			
Or			
Menomune (One dose within the 3 years)			

_____ _____
Signature of Physician or Health Care Provider *Date*

_____ (_____) _____
Address *Telephone*

Section B : Immunization Exemption Request

Request for Immunization Exemption: I have chosen not to be vaccinated for one or more of the above-listed diseases and I am aware of the disease risks. I am requesting an exemption from immunization for the disease(s) in which an inoculation is not listed. I understand that if I claim exemption for personal or medical reasons, I may be excluded from campus and from classes in the event of an outbreak of measles, mumps, rubella, tetanus-diphtheria, or meningitis until the outbreak is over or until I submit proof of immunization. If I am not 18 years of age or older, my parent or legal guardian must also sign below.

Reason for Immunization Exemption Request (please check one):
___ Medical (physician's statement below) ___ Personal (state reason in space below) _ __ Shortage (unable to locate vaccine)

Reason\Physician's Statement: _____

_____ _____ _____ _____
Student's Signature Date Parent or Legal Guardian, if required Date

Section C : Signatures (Must be completed by ALL students)

I have reviewed information regarding vaccine-preventable diseases and related vaccinations contained on the website of the Center for Disease Control and Prevention (CDC): http://www.cdc.gov/nip/publications/VIS/default.htm. If I am not 18 years of age or older, my parent or legal guardian must also sign below.

_____ _____ _____ _____
Student's Signature Date Parent or Legal Guardian, if required Date

Please return the completed form to: UL Lafayette; Office of Undergraduate Admissions; PO Box 41210; Lafayette, LA 70504-1210
(Form Revised Feb 2, 2010)