

PROOF OF IMMUNIZATION COMPLIANCE
(Louisiana R.S. 17:170 Schools of Higher Learning)

NICHOLLS
STATE UNIVERSITY

SS Number: _____ Date of Birth: Month _____ Date _____ Year _____

Name: _____
Please Print (Last) (First) (Middle)

Address: _____

City: _____ State: _____ Zip Code: _____

UNIVERSITY REQUIRED IMMUNIZATIONS:

Physician or Other Health Care Provider Verification: (See other side)

M-M-R (Measles, Mumps, Rubella-2 Doses required)		Tetanus-Diphtheria (Td)
First dose: _____ (Date)	OR Serologic Test: _____ (Date)	Last dose: _____ (Date within 10 years)
Second dose: _____ (Date)	OR Result: _____	
	OR Born before 1956	

Meningococcal Vaccine (One dose—preferably at entry into college)

Quadrivalent vaccine (A, C, Y, W-135)Date: _____ Vaccine Type: _____

PLEASE DO NOT SIGN THIS COMPLIANCE FORM UNLESS THE STUDENT HAS PROPER VACCINES OR IMMUNE TESTS.

(Signature of Physician or Other Health Care Provider) Date _____

Please print office address or stamp here

UNIVERSITY RECOMMENDED IMMUNIZATIONS:

Physician or Other Health Care Provider Verification:

Hepatitis B Vaccine	Tuberculosis Test
First dose: _____ (Date)	PPD (Mantoux) within the past 12 months (tine or monovac not acceptable)
Second dose: _____ (Date)	Date given: _____ Date read: _____
Third dose: _____ (Date)	Result: Neg ____ Pos ____ mm induration (horizontal diameter) _____
	*If PPD is positive, chest X-ray result: Normal ____ Abnormal ____
	Date: _____

READ INFORMATION ON BACK OF THIS FORM

You will *not* be permitted to register until you complete this form and return to:

(985) 493-2600 PHONE
(985) 493-2601 FAX

Nicholls State University
University Health Services
Betsy Cheramie Ayo Hall

P.O. Box 2054
Thibodaux, LA 70310

Please read the following information carefully:

Louisiana Law (R.S. 17:170.1/Schools of Higher Learning) requires all students entering Nicholls State University to be immunized for the following: Measles (2 Doses), Mumps, Rubella—required for those born on or after January 1, 1957; Tetanus-Diphtheria (within the past 10 years); and against Meningococcal disease (Meningitis). The following guidelines presented on the back of this form are for the purpose of implementing the requirements of Louisiana R.S. 17:170.1, and of meeting the established recommendations for control of vaccine-preventable diseases as recommended by the American Academy of Pediatrics (AAP); the Advisory Committee on Immunization Practices to the United States Public Health Service (ACIP); and the American College Health Association (ACHA). Students not meeting the MMR & TD requirement will be prevented from registering for subsequent semesters. Student's registration will not be complete until they have complied with the meningococcal vaccination requirement.

REQUIREMENT:

TWO (2) doses of measles vaccine; at least **one (1)** dose each of rubella and mumps vaccine; and a tetanus-diphtheria booster (AT LEAST 10 YEARS CURRENT)

Measles requirement: Two (2) doses of live vaccine given at any age, except that the vaccine must have been given on or after the first birthday, in 1968 or later, and without Immune Globulin. A second dose of measles vaccine must meet this same requirement, but should not have been given within 30 days of the first dose. A history of physician-diagnosed measles is acceptable for establishing immunity, but should be accepted with caution unless you were the diagnosing physician.

Tetanus-Diphtheria requirement: A booster dose of vaccine given within the past ten (10) years. Students can be considered to have completed a primary series earlier in life, unless they state otherwise.

Meningitis Requirement: One (1) dose of Menomune® (MPSV4) or Menactra™ (MCV4) preferably at entrance into col
Request for Exemption—MMR & Td

_____ Medical Reasons (Physician’s Statement Required)

_____ Personal Reasons (State reason in space provided)

I fully understand that if I claim exemption for medical or personal reasons, I may be excluded from campus and from classes in the event of an outbreak of measles, mumps, or rubella until the outbreak is over or until I submit proof of immunization. If I am not 18 years of age, my parent or legal guardian must sign below.

_____ Student Signature

_____ Date

_____ Parent or Guardian Signature

_____ Date

Request for Exemption—Meningococcal Vaccine (Meningitis)

Meningococcal disease is a serious disease that affects the brain and spinal cord. The disease is spread through droplet transmission from the nose or throat, such as sneezing or coughing, and direct contact with oral secretions of an infected individual. This includes such things as kissing, sharing drinks, food, utensils, cigarettes, lip balm or any object that has been in someone else’s mouth. Because meningitis is a grave illness and can rapidly progress to death, it requires early diagnosis and treatment. This is often difficult because the symptoms closely resemble those of the flu and the highest incidence of meningitis occurs during late winter and early spring (flu-season). When not fatal, meningitis can lead to permanent disabilities such as hearing loss, brain damage or loss of limbs.

The U.S. Centers for Disease Control and Prevention (CDC) and the American College Health Association (ACHA) recommend that college students, particularly freshmen living in dormitories, are at a greater risk for meningitis than the general population. Behavior and social aspects of college lifestyle activities such as living in dormitories, bar patronage, smoking, and irregular sleep habits put these students at greater risk.

Two meningococcal vaccines are available in the US—Menomune® (MPSV4) and Menactra™ (MCV4). The vaccinations are effective against 4 of the 5 most common bacterial types that cause 70% of the disease in the U.S. (**but does not protect against all types of meningitis- DOES NOT COVER Group B serotype**). Vaccinations take 7-10 days to become effective, with possible protection lasting 3-5 years. As with any vaccine, vaccination may not protect 100% of all susceptible individuals.

Who should not get the vaccine: People who have had Guillain-Barré Syndrome; Over 55 years old; Pregnant or suspect that you may be; Allergic to thimerosal, a substance found in several vaccines; Have an acute illness, with fever (101°F or higher).

Reactions to the vaccine may include pain, redness, and induration at the site of injection, headache, fatigue, and malaise. The vaccine is contraindicated in persons with known hypersensitivity to any component of the vaccine or to latex, which is used in the vial stopper. Because of the risk of injection site hemorrhage, the vaccine should not be given to persons with any bleeding disorder or to persons on anticoagulant therapy unless the potential benefit clearly outweighs the risk of administration. A few cases of Guillain-Barré Syndrome, a serious nervous system disorder, have been reported among people who received the vaccine. As with any vaccine, there is a possibility of an allergic reaction.

Vaccination is available at University Health Services (limited supply), private physician offices, and Health Units. Cost of vaccine varies.

_____ Medical Reasons (Physician’s Statement Required)

_____ Personal Reasons (State reason in space provided)

_____ Unavailability of the Vaccine (You will be expected to continue to search for means to acquire this vaccination such as your private physician’s office and local health departments. Also, your name will be placed on a waiting list in UHS as a person that is **interested in receiving** the vaccination but is **unable to obtain** the vaccination at this time. Therefore, you will be contacted at a later time to discuss your interest in receiving this vaccination.)

I have read the above information and am aware of my personal risk for meningitis and have **chosen to sign this exemption from the meningococcal immunization requirement**. I understand that this puts me at greater risk of acquiring meningitis and Nicholls State University, its Board of Trustees, and all of their agents are released from any liability should I contract meningitis while I am enrolled. If I am not 18 years of age, my parent or legal guardian must sign below.

_____ Student Signature

_____ Date

_____ Parent or Guardian Signature

_____ Date