



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 1 st Dose	Date of 2 nd 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			
Menantra (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)