Student Health Services

University of Louisiana at Monroe

# PROOF OF IMMUNIZATION COMPLIANCE

Louisiana R.S. 17:170/170.1/Schools of Higher Learning

**Please Print with Ink**

**(If information is not legible form will be rejected)**

Name _____ Semester of Enrollment _____
(Last) (First) (Middle)

Address _____
(Street) (City) (State) (Zip Code)

Date of Birth _____ Gender M F Campus ID Number _____ Telephone Number (____) _____

## IMMUNIZATION REQUIREMENTS FOR ULM STUDENT

**This section must be completed by a Physician or Health Care Provider**
(We accept copies of immunization from Louisiana LINKS)

## REQUIREMENTS:

**MMR (Measles, Mumps, Rubella)** (Two doses)
Date of 1st dose: _____
Date of 2nd dose: _____

**AND**

**TETANUS-DIPHTERIA** (One dose within past 10 years)
Date: _____

**AND**

**MENINGOCOCCAL** (One dose)
Date: _____
Vaccine Type: _____

**OR**

*As an alternative of 2 MMR the following vaccines are accepted:*

**MEASLES** (Two doses or positive serology)
Date of 1st dose: _____
Date of 2nd dose: _____
Date of IgG Serology Test _____ Results _____

**AND**

**MUMPS** (One dose or positive serology)
Date _____ **OR**
Date of IgG Serology Test _____ Results _____

**AND**

**RUBELLA** (One dose or positive serology)
Date: _____ **OR**
Date of IgG Serology Test _____ Results _____

_____ _____
Signature of Health Care Provider Date

_____ (____) _____
Address Telephone

## REQUEST FOR IMMUNIZATION EXEMPTION

If you request an immunization exemption for medical or personal reasons, or due to an inability to locate a specific vaccine, please check the appropriate box and provide the reason.

☐ Medical (physician's statement required) ☐ Personal (state the reason below) ☐ Shortage (unable to locate vaccine)

**Reason:** _____

I have reviewed information from the Center for Disease Control and Prevention's website at www.cdc/nip/publications/VIS/default.htm regarding vaccine-preventable disease and related vaccinations and have chosen not to be vaccinated. I understand that if I claim exemption, I may be excluded from campus and from classes in the event of an outbreak of measles, mumps, rubella, 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**.

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

**RETURN THIS FORM TO:**
**University of Louisiana, Student Health Services**
**1140 University Avenue, Monroe, Louisiana, 71209**
**Phone (318)342-5238 or fax (318) 342-5239**

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