



# PROOF OF IMMUNIZATION COMPLIANCE

Louisiana R.S. 17:170/Schools of Higher Learning  
Phone: (225) 578-0593 Fax: (225) 578-5282 Email: immunization@lsu.edu  
150 B Infirmary Rd. Baton Rouge LA 70803

Name: \_\_\_\_\_ Semester of Enrollment: \_\_\_\_\_  
Please Print (Last) (First) (M.I.)

Address: \_\_\_\_\_ Email: \_\_\_\_\_  
(Street/P.O. Box) (City) (State) (Zip Code)

Date of Birth: \_\_\_\_\_ LSU ID Number: 89-\_\_\_\_-\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

**THIS MUST BE COMPLETED BY A PHYSICIAN OR HEALTH CARE PROVIDER – NO ATTACHMENTS ACCEPTED**

Vaccine	Date Received mm/dd/yy	Date Received mm/dd/yy	Date Received mm/dd/yy	Date Received mm/dd/yy	Date Received mm/dd/yy	Write date of lab test if immune and provide copy of results. If history of varicella write date and "disease".
<b>Required Immunizations</b>						
<b>MMR – Measles Mumps Rubella: Two doses required</b> (Two doses of MMR at least 28 days apart after 12 months of age. Those born before 1957 are exempt.)						
<b>Tetanus – One of below doses. Specify Vaccine Type:</b> TD <input type="checkbox"/> TDAP <input type="checkbox"/> (Must be within the last 10 years)						
<b>Meningitis – ACYW-135 – One of below doses. Specify Type:</b> Menactra <input type="checkbox"/> Menveo <input type="checkbox"/> (Students 21 or under are required to have a dose at 16 or older. If over 21 dose can be given at any time.) Menomune <input type="checkbox"/> (Must be within the last 12 months)						
<b>Other Immunizations (Not Required)</b>						
Specify Polio OPV <input type="checkbox"/> Vaccine: Polio IPV <input type="checkbox"/>						
Hib						
Hepatitis A						
Hepatitis B						
Influenza						
Pneumococcal						
Rotavirus						
Varicella						

\_\_\_\_\_  
*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 requested information.

- Medical (physician's statement required)     Personal (state reason in space below)     Shortage (unable to locate vaccine)

I have received and reviewed information from the Center for Disease Control and Prevention's (CDC's) website at <http://www.cdc.gov/nip/publications/VIS/default.htm> regarding vaccine preventable diseases and related vaccinations and have chosen not to be vaccinated. 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, or meningitis 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 also sign below.

\_\_\_\_\_  
*Student's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent or Legal Guardian, if required*

\_\_\_\_\_  
*Date*

# TUBERCULOSIS QUESTIONNAIRE

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ ID Number: 89 - \_\_\_\_ - \_\_\_\_

**SECTION ONE: Please answer the following questions:**

Afghanistan	Burkina Faso	Ecuador	Indonesia	Maldives	Niue	Sao Tome and Principe	Trinidad and Tobago
Algeria	Burundi	El Salvador	Iran	Mali	Pakistan	Senegal	Tunisia
Angola	Cabo Verde	Equatorial Guinea	Iraq	Marshall Islands	Palau	Serbia	Turkey
Argentina	Cambodia	Eritrea	Kazakhstan	Mauritania	Panama	Seychelles	Turkmenistan
Armenia	Cameroon	Estonia	Kenya	Mauritius	Papua New Guinea	Singapore	Tuvalu
Azerbaijan	Central African Republic	Ethiopia	Kiribati	Mexico	Paraguay	Sierra Leone	Uganda
Bahrain		Fiji	Kuwait	Micronesia (Federated States of)	Peru	Solomon Islands	Ukraine
Bangladesh	Chad	Gabon	Kyrgyzstan	Philippines		Somalia	United Rep. of
Belarus	China	Gambia	Lao People's Dem. Republic	Poland		South Africa	Tanzania
Belize	Colombia	Georgia		Portugal		South Sudan	Uruguay
Benin	Comoros	Ghana	Latvia	Qatar		Sri Lanka	Uzbekistan
Bhutan	Congo	Guatemala	Lesotho	Republic of Korea		Sudan	Vanuatu
Bolivia	Cote d'Ivoire	Guinea	Liberia	Republic of Moldova		Suriname	Venezuela (Bolivarian Republic of)
Bosnia and Herzegovina	Democratic People's Rep. of Korea	Guinea-Bissau	Libya	Romania		Swaziland	Viet Nam
Botswana	Dem. Republic of the Congo	Guyana	Lithuania	Russian Federation		Tajikistan	Yemen
Brazil		Haiti	Madagascar	Nepal		Rwanda	Zambia
Brunei Darussalam	Congo	Honduras	Malawi	Nicaragua		Saint Vincent and the Grenadine Islands	Zimbabwe
Bulgaria	Djibouti	India	Malaysia	Niger		Togo	
	Dominican Republic			Nigeria			

1. Were you born in, have you ever lived in, or recently traveled to (within the past 5 years) any of the countries listed above that have a high incidence of active TB disease? (If yes, please CIRCLE the country)  Yes  No
2. Do you have a personal history of cancer, leukemia, kidney disease, diabetes, alcoholism, or intravenous drug use? (Family history does not apply)  Yes  No
3. Have you been a resident, employee, or volunteer in a prison, homeless shelter, hospital, nursing home, or other long-term treatment facility?  Yes  No
4. Do you have AIDS/HIV or take immunosuppressive medication such as prednisone?  Yes  No
5. Have you ever had close contact with persons known or suspected to have active TB disease?  Yes  No

If the answer to all of the above questions is NO, no TB testing or further action is required.

If the answer is YES to any of the above questions, LSU requires that you receive TB testing. The PPD skin test must be done within the 12 months prior to beginning your classes. You can obtain the PPD skin test from your local health care provider. (See Section two below)

**SECTION TWO: Test Results**

**Step 1: Tuberculin Skin Test – Positive if  $\geq 10$ mm for questions 1, 2, or 3 or  $\geq 5$ mm for questions 4 or 5.**

Date Given: \_\_\_\_\_ Date Read: \_\_\_\_\_ Result: \_\_\_\_\_ mm of Induration Interpretation: Positive \_\_\_\_\_ Negative \_\_\_\_\_

**Step 2: A QFT or T-SPOT is required if PPD is positive. A Chest X-Ray will not be accepted in its place.** (Please provide a copy of results.)

Date Obtained: \_\_\_\_\_ Circle Method Given: QFT T-Spot Result: Positive \_\_\_\_\_ Negative \_\_\_\_\_

**Step 3: Students with a positive QFT or T-Spot should receive a Chest X-Ray.**

Date of X-ray: \_\_\_\_\_ Result: Normal \_\_\_\_\_ Abnormal \_\_\_\_\_

**Step 4: Students with a positive QFT or T-Spot with no signs of active disease on chest x-ray are recommended to be treated for Latent TB with appropriate medication.**

Name of Medications for treatment: \_\_\_\_\_ Date Initiated & Duration of treatment: \_\_\_\_\_ (Please provide copy of completion of treatment.)

\_\_\_\_\_ Student has been treated or agrees to receive treatment.

\_\_\_\_\_ Student declines treatment at this time and agrees to come in to the Student Health Center to sign the "Refusal of Treatment for Latent TB". Student also agrees to routine checkups to monitor progression of Latent TB.

Health Care Provider's Name, Address, Phone #: \_\_\_\_\_

Health Care Provider's Signature: \_\_\_\_\_

**\*\*REMEMBER! You will not be eligible to pay University fees until all immunization records are in compliance or the exemption is signed.**

Please upload the completed form to the Patient Portal. It can be accessed on the Student Health Center homepage, [www.lsu.edu/shc](http://www.lsu.edu/shc). Students can log-on to the portal using their myLSU log-on information. Compliance can also be confirmed through the portal after the form has been reviewed and the information verified.

The completed form can also be submitted in person, by mail, by fax or by email to:

LSU Student Health Center  
 Immunizations  
 150-B Infirmary Road  
 Baton Rouge, LA 70803  
 Email: [immunization@lsu.edu](mailto:immunization@lsu.edu)  
 Fax: (225) 578-5282  
 Tel: (225) 578-0593  
 Web: [www.lsu.edu/shc](http://www.lsu.edu/shc)

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