



# Proof of Immunization Compliance

(LOUISIANA R.S. 17:170 SCHOOLS OF HIGHER LEARNING)

<b>STUDENT MUST COMPLETE</b>	Name: _____ <small>Please Print (Last) (First) (MI)</small>
	SS Number: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Date of Birth: Month _____ Date _____ Year _____

<b>PHYSICIAN COMPLETES</b>	<b>PHYSICIAN OR OTHER HEALTH CARE PROVIDER VERIFICATION:</b>			
	<i>(See other side) Do Not Attach Health Records</i>			
	<b>Measles (Rubeola)</b>	<b>Rubella</b>	<b>Mumps</b>	<b>Tetanus-Diphtheria</b>
	1st Immunization: _____ <small>(Date)</small> and 2nd Immunization: _____ <small>(Date)</small> or Date of Disease: _____ <small>(Date)</small> or Serologic Test: _____ <small>(Date &amp; Result)</small>	Immunization: _____ <small>(Date)</small> or Serologic Test: _____ <small>(Date)</small> and Result: _____	Immunization: _____ <small>(Date)</small> or Date of Disease: _____ <small>(Date)</small> or Serologic Test: _____ <small>(Date &amp; Result)</small>	Immunization: _____ <small>(Date within 10 years)</small>
	_____ <small>(Signature of Physician or other Health Care Provider)</small>			
Date: _____		<i>(Please Place Address or Stamp Above)</i>		

**REQUEST FOR EXEMPTION:**

If you request exemption for medical or personal reasons, please check the appropriate blank and provide the information requested.

1. Medical reasons: \_\_\_\_\_(Physician's statement — use space below)
2. Personal reasons: \_\_\_\_\_(State reason in space provided)

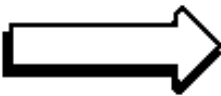
\_\_\_\_\_

\_\_\_\_\_

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, 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's Signature)      \_\_\_\_\_ (Date)      \_\_\_\_\_ (Parent or Guardian, if required)      \_\_\_\_\_ (Date)

**RETURN THIS FORM TO:** Director of Student Life  
The University of Louisiana at Monroe  
SUB 213  
Monroe, LA 71209-1140  
Phone No. (318) 342-5230



**REMEMBER!**  
**YOU WILL NOT BE PERMITTED TO REGISTER UNTIL YOU COMPLETE AND RETURN THIS FORM.**

**IMPORTANT: Make a copy of this form for your personal record.**