

# 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>
_____ (Signature of Physician or other Health Care Provider)				
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)

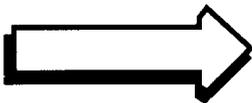
\_\_\_\_\_

\_\_\_\_\_

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 WITH APPLICATION TO THE UNIVERSITY OR UNIVERSITIES OF CHOICE. See last page of "Common Undergraduate Admission and Scholarship Application" for addresses of University of Louisiana System universities.



**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.**

(OVER)

Louisiana law requires immunization against measles, mumps, rubella, and tetanus-diphtheria for all first-time college or university students born after 1956.

## **TO THE NEW STUDENT:**

(Please use this form. Attachments are not acceptable.)

Where to locate your immunization record(s): Your immunization (shot) record may be found in your family records, such as a baby book, or in a booklet that may have been written in by your doctor or public clinic each time you received a vaccination. You may also want to check for records with your doctor or public health clinic. Please keep in mind, however, that immunization records are maintained for a variable number of years, and then usually only by the medical provider who actually gave the vaccines to you. As a last resort, and if you are a graduating high school senior, school personnel may be able to locate immunization records in your cumulative or health folder before your graduation. After you graduate, records are sent to storage and may not be accessible. Shot records, or reasonably authentic copies of records (such as those from a baby book or school health record), which indicate specific information such as your name, date of birth, and the dates of the shots you had, should be acceptable documentation of the immunizations you received previously. These records should be taken with you to your doctor or a local public health clinic for a possible up-date of your immunization status. A visit to your doctor or public health clinic will be needed to have your Proof of Compliance form signed and/or to interpret your old records in view of changes in health care standards since your early childhood. Take care of this important matter as soon as you can, and most certainly before registration.

## **TO THE PHYSICIAN OR OTHER MEDICAL PROVIDER:**

(Please do not sign this compliance form unless the student has proper vaccines or immune tests.)

The following guidance is presented for the purpose of implementing the requirements of Louisiana R.S. 17:170, 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).

**Requirement: Two (2) doses of measles vaccine; at least one (1) dose each of rubella and mumps vaccine; and a tetanus-diphtheria booster.**

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.

***NOTE:** In most cases, student compliance will require a second dose of measles vaccine (preferably as MMR) and a dose of tetanus-diphtheria (Td, Adult Type). In cases where no records can be located, or especially when immunization in the past is doubtful, two doses of MMR separated by a minimum of 30 days may be indicated. Evidence of vaccination or immunity against measles, rubella, mumps, tetanus and diphtheria can be established by either reviewing a previous written record of vaccination or administering vaccine now. Serologic testing is acceptable evidence of immunity, but should not be routinely performed unless specifically requested by the patient, and if testing is appropriate or available. Practically speaking, immunization is preferable to serologic testing because of the relative costs and time. In all instances when vaccine administration is considered, M-M-R (measles, mumps, and rubella vaccine, live) and tetanus-diphtheria toxoid (Td, Adult Type) are the products of choice for use in adults unless a specific contraindication is present.*