



**PROOF OF IMMUNIZATION COMPLIANCE**  
(Louisiana R.S. 17:170 Schools of Higher Learning)

(PLEASE PRINT)

Name: \_\_\_\_\_  
(Last) (First) (M)

SS#: \_\_\_\_\_ Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**Physician or Other Health Care Provider Verification:**

VACCINE	IMMUNIZATION DATE MM/DD/YY	IMMUNIZATION DATE MM/DD/YY	IMMUNIZATION DATE MM/DD/YY	DATE OF POSITIVE LAB/SEROLOGIC EVIDENCE (results must be attached)
MMR *	/ /	/ /		
Measles *	/ /	/ /		/ /
Mumps *	/ /	/ /		/ /
Rubella *	/ /	/ /		/ /
Varicella **	/ /	/ /		/ /
Tetanus-Diphtheria (TD or Tdap within past 10 years)	(most recent date) / /			
Meningococcal (within 10 years)	(most recent date) / /			
Hepatitis B ***	/ /	/ /	/ /	/ /

\* Not required if born before 1957.

\*\* Only required of students who are entering health care programs. Proof of 2 vaccine doses or positive titer required. Incidence of disease is not acceptable.

\*\*\* Only required of students who are entering health care programs. Proof of 3 vaccine doses or positive titer required. Incidence of disease is not acceptable.

Date: \_\_\_\_\_

(Signature of Physician or Other Health Care Provider)

**REQUEST FOR EXEMPTION/WAIVER from MMR and Tetanus Only\*:**

To request exemption from measles, mumps and rubella or tetanus vaccines for a medical or personal reason, please check the appropriate blank and provide the information requested. \*A separate form is necessary to waive the meningococcal vaccine. (Varicella and Hepatitis B are required for clinical students without medical contraindications)

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, 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 sign below.

\_\_\_\_\_  
(Student's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent or Guardian, if required)

\_\_\_\_\_  
(Date)

**THIS FORM IS A REQUIRED DOCUMENT AND MUST BE COMPLETED AND RETURNED TO  
THE OFFICE OF HEALTH & SAFETY  
REMEMBER!**

**YOU WILL NOT BE PERMITTED TO ENROLL UNTIL THIS COMPLETED FORM IS RETURNED  
IMPORTANT: Make a copy of this form for your personal record**

## **Franciscan Missionaries of Our Lady University IMMUNIZATION POLICY**

**At the time of registration** all students born after 1956 must show proof of measles, mumps and rubella (MMR) immunizations. Immunization against Tetanus-diphtheria is required of all students regardless of age. In addition, students must furnish proof of immunization against meningitis. Failure to show documentation will necessitate a waiver being signed with the restrictions as described below.

In compliance with state law, Franciscan Missionaries of Our Lady University has adopted an immunization policy to protect the students, faculty, and staff from outbreaks of measles, mumps, rubella, tetanus, diphtheria and meningitis. The policy applies to every applicant to every program at the University and for returning students after an absence of one semester or more.

Students will **not** be allowed to complete registration unless they have furnished proof that they have satisfied the immunization requirement. That requirement can be met either by furnishing proof of immunity or by signing a waiver claiming exemption from the immunization policy. These options are described below.

### **Proof of Immunization.**

- 1) If you were born after 1956, you must furnish proof of immunity to measles, mumps, rubella (MMR) by providing:
  - a. Either proof of TWO immunizations for measles since birth or ONE immunization for measles at age 15 or later;
  - b. at least ONE immunization for mumps and ONE for rubella;
- 2) All students must furnish proof of one tetanus/diphtheria (T/D) immunization within the last 10 years.
- 3) Meningitis Vaccine within the last 10 years or a meningitis waiver is also required for students who are first time college freshmen; it is optional\* for all others. \*Meningitis vaccine is mandatory for Physician's Assistant and Medical Laboratory Science students.

Your proof of immunizations must be a signed record from a physician, public health clinic, or other health care provider giving:

1. the dates of immunization or
2. the dates of occurrence of disease or
3. the date and results of a serologic test proving immunity.

A copy of a "shot" record provided by a clinic or health care provider is satisfactory.

**Waiver from Immunization Requirement.** You may claim exemption for medical, personal, or religious reasons. If you have a medical reason for not being immunized, you must submit evidence from your physician and the requirement will be waived. You may also claim exemption from the immunization requirement for personal or religious reasons. If you are not 18 years of age, a request for exemption must be signed by a parent or legal guardian. Persons who sign a waiver will be permitted to complete the registration process. If you claim exemption from the immunization requirement for medical, personal, or religious reasons, the University will require you to leave the campus and will exclude you from class in the event of an outbreak of measles, mumps, rubella, meningitis, tetanus, or diphtheria. You will not be permitted back on campus or in class until the outbreak is over or until you submit proof of adequate immunization.

**Please see the Student Health page of the University website for Frequently Asked Questions about immunization compliance.**