



# PROOF OF IMMUNIZATION COMPLIANCE

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

## GRADUATE STUDENTS

Upload completed form to your Application Status Page at: [CLICK HERE](#)

REMEMBER YOUR CLASSES WILL BE CANCELLED IF FORM NOT COMPLETED AND RETURNED WITHIN THE FIRST WEEK OF CLASSES

Please Print

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
(Last) (First) (M.I.)

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

Date of Birth: \_\_\_\_\_ CWID# (Student ID#): \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Semester: (Please circle) Fall Spring Summer Year \_\_\_\_\_

Do you have health insurance? Yes No

If yes, please check one of the following:

- Employer provided plan (Name of Insurance company: \_\_\_\_\_)
- Personal private plan (Name of Insurance company: \_\_\_\_\_)
- Louisiana Medicaid
- Non-Louisiana Medicaid

**IMMUNIZATION REQUIREMENTS FOR LOYOLA UNIVERSITY NEW ORLEANS STUDENTS  
THIS MUST BE COMPLETED BY A PHYSICIAN OR HEALTH CARE PROVIDER**

**MMR (Measles, Mumps, Rubella)**  
**(Two Doses Required)**

Date of 1<sup>st</sup> Dose: \_\_\_\_\_  
Date of 2<sup>nd</sup> Dose: \_\_\_\_\_

OR

**MEASLES**  
**(Two Doses Required)**

Date of 1<sup>st</sup> Dose: \_\_\_\_\_  
Date of 2<sup>nd</sup> Dose: \_\_\_\_\_

AND

**MUMPS**  
**(At least One Dose Required)**  
Date: \_\_\_\_\_

**RUBELLA**  
**(At least One Dose Required)**  
Date: \_\_\_\_\_

**TETANUS/ DIPHTHERIA**  
**(One Dose Required within 10 years)**  
Date: \_\_\_\_\_

AND

**QUADRIVALENT MENINGOCOCCAL A,C,Y,W-135**  
Circle type: Menactra Menveo  
**(One dose at age 16 years or older OR if age 21 years or older and living in a residence hall then one dose within 5 years)**  
Date: \_\_\_\_\_

Please place clinic stamp above

\_\_\_\_\_  
Signature of Physician or Other Health Care Provider

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

(\_\_\_\_\_) \_\_\_\_\_  
Telephone

**Request for Immunization Exemption/Waiver:** 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 any reason, 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.

\_\_\_\_\_