



PROOF OF IMMUNIZATION COMPLIANCE

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

LAW SCHOOL

Email completed form to: studenthealth@loyno.edu
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: _____ Social Security# or CWID#: _____

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 1st Dose: _____
Date of 2nd Dose: _____

OR

**MEASLES
(Two Doses Required)**

Date of 1st Dose: _____
Date of 2nd 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.
