

PROOF OF IMMUNIZATION COMPLIANCE

(Applicable only to students born on or after January 1, 1957)

PRINT IN INK AND COMPLETE ALL ITEMS

PERSONAL DATA

Social Security Number: _____

Name: _____ Date of Birth: _____
Last First Middle

PHYSICIAN OR OTHER HEALTH CARE PROVIDER VERIFICATION (SEE OTHER SIDE)

Measles (Rubeola)

1st Immunization: _____
(Date)

and

2nd Immunization: _____
(Date)

or

Date of Disease: _____
(Date)

or

Serologic Test _____
(Date)

and

Result: _____

Rubella

Immunization: _____
(Date)

or

Serologic Test: _____
(Date)

and

Result: _____

Mumps

Immunization: _____
(Date)

or

Date of Disease: _____
(Date)

or

Serologic Test: _____
(Date)

and

Result: _____

Tetanus-Diphtheria

Immunization: _____
(Date within 10 years)

Meningitis (Required for first-time freshmen only)

Immunization: _____

Signature of Physician or Other Health Care Provider

Date

Please Place Address or Stamp Above

REQUEST FOR EXEMPTION

If you request an exemption, please check the appropriate blank and provide the information requested.

Medical reasons: (Physician's Statement—use space below)

Personal reasons: (State reason in space below)

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.

Applicant's Signature

Date

Parent or Guardian, if required

Date

SUBMIT FORM

Admissions and Records Office
Louisiana State University in Shreveport
One University Place
Shreveport, LA 71115
FAX (318) 797-5286

VACCINE REQUIREMENTS

(Applicable only to students born on or after January 1, 1957)
SOURCE: Louisiana RS 17:170 Schools of Higher Education
<http://www.909shot.com/state-site/Louisiana%20.htm>

TO THE NEW STUDENT

Your immunization record may be found in your family records or in a booklet that may have been written in by your doctor or public health clinic each time you received a vaccination. Please keep in mind that immunization records are maintained for a variable number of years and then usually only by the medical provider who administered the vaccines. As a last resort, and if you are a graduating senior, school personnel may be able to locate immunization records in your cumulative or health folder before you graduate. After you graduate, records are sent to storage and may not be accessible. Shot records or reasonably authentic copies of records (a baby book or school health record) which indicate specific information such as your name, date of birth and the dates of the immunizations should be acceptable documentation of the immunizations you received. These records should be taken to your doctor or a local public health clinic for a possible update 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.

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 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).

REQUIREMENTS

Two doses of measles vaccine, at least one dose each of rubella and mumps vaccine, one tetanus diphtheria booster, and one meningitis vaccine for first-time freshmen.

MEASLES REQUIREMENT

Two doses of live vaccine 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 years. Students can be considered to have completed a primary series earlier in life unless stated otherwise.

IMPORTANT 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, diphtheria, and meningitis 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. 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.