



# PROOF OF IMMUNIZATION COMPLIANCE

**Louisiana R.S. 17:170/170.1 Schools of Higher Learning** - This Louisiana law requires that all first-time ULM students born on or after January 1, 1957, and re-entering students who have been out of school one semester or longer and were born on or after January 1, 1957, to provide proof of immunization for Measles, Mumps, Rubella, Tetanus-Diphtheria. Entering freshman students are also required to provide proof of immunization against meningococcal disease. Students not meeting the MMR, Td, and MGC requirement will be prevented from registering for subsequent semesters.

Please Print

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

Address: \_\_\_\_\_  
(City) (State) (Zip Code)

Date of Birth: \_\_\_\_\_ CWID or SS#: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

*Your high school, private physician or your local public health clinic may be able to assist you in locating your immunization records. Once located, this Proof of Immunization Compliance Form and your immunization record should be taken to your physician or public health clinic for verification, documentation, and to update your status if needed. The completed form must be returned to the Student Health Center in order for you to complete registration. Attachments of records that have been validated are acceptable.*

## IMMUNIZATION REQUIREMENTS FOR ULM STUDENTS

**A physician or health care provider must complete this section.**

### UNIVERSITY REQUIRED IMMUNIZATIONS:

*Note: In most cases, student compliance will require a second dose of measles (preferably as MMR) and a dose of tetanus-diphtheria (TD - adult type). In cases where no records can be located, or when immunizations in the past are doubtful, two doses of MMR separated by a minimum of 30 days may be indicated. Evidence of vaccination or immunity against measles, rubella, mumps and TD can be established by either reviewing a previous written record of vaccination or administering vaccine now. Serologic testing is acceptable but should not be routinely performed unless the patient specifically requests it. Practically speaking, immunization is preferable to serologic testing because of the relative costs and time. If serologic testing is used, IGG testing is required.*

**MMR (Measles, Mumps, Rubella):** Two doses of vaccine required. The first dose must have been given after the first birthday, in 1968 or later, and without Immune Globulin. A second dose must meet the same requirements, but should not have been given within 30 days of the first dose.

OR

**Measles (Rubeola):** Two doses of live vaccine required. The first dose must have been given after the first birthday, in 1968 or later, and without Immune Globulin. A second dose must meet the same requirements, but should not have been given within 30 days of the first dose. History of physician-diagnosed measles is acceptable for establishing immunity, but should be accepted with caution unless you were the diagnosing physician.

**Rubella:** At least one dose required.

**Mumps:** At least one dose required.

AND

**Tetanus-Diphtheria:** A booster dose of vaccine given within the past 10 years is required provided the student previously completed the primary series.

**Meningococcal** (One dose—preferably at entry into college)

Quadrivalent vaccine (A, C, Y, W-135) .....

### MMR

Date of 1<sup>st</sup> dose \_\_\_\_\_

Date of 2<sup>nd</sup> dose \_\_\_\_\_

### Measles

Date of 1<sup>st</sup> dose \_\_\_\_\_

Date of 2<sup>nd</sup> dose \_\_\_\_\_

Date of Disease \_\_\_\_\_

Date of IGG Serologic Test \_\_\_\_\_ Results \_\_\_\_\_

### Rubella

Immunization date \_\_\_\_\_

Date of Disease \_\_\_\_\_

Date of IGG Serologic Test \_\_\_\_\_ Results \_\_\_\_\_

### Mumps

Immunization date \_\_\_\_\_

Date of Disease \_\_\_\_\_

Date of IGG Serologic Test \_\_\_\_\_ Results \_\_\_\_\_

### Tetanus-Diphtheria

Immunization date \_\_\_\_\_

### Meningococcal

Immunization date: \_\_\_\_\_

Vaccine Type: \_\_\_\_\_

**PLEASE DO NOT SIGN THIS COMPLIANCE FORM UNLESS THE STUDENT HAS PROPER VACCINES OR IMMUNE TESTS.**

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

\_\_\_\_\_  
Date

Please print office address or stamp here

**Waiver of Vaccination - MMR & Td:** If you request an immunization exemption for medical or personal reasons, please check the appropriate blank and provide a written reason for your request. The exemption must include adequate documentation to be accepted.

1. Medical reasons: \_\_\_\_\_ (physician's statement – use space below)
2. Personal reasons: \_\_\_\_\_ (state reason in space below)

**(REASON)** \_\_\_\_\_

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.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**Waiver of Vaccination and Release from Responsibility—Meningococcal Vaccine (Meningitis)**

Meningococcal disease is a serious disease that affects the brain and spinal cord. The disease is spread through droplet transmission from the nose or throat, such as sneezing or coughing, and direct contact with oral secretions of an infected individual. This includes such things as kissing, sharing drinks, food, utensils, cigarettes, lip balm or any object that has been in someone else's mouth. Because meningitis is a grave illness and can rapidly progress to death, it requires early diagnosis and treatment. This is often difficult because the symptoms closely resemble those of the flu and the highest incidence of meningitis occurs during late winter and early spring (flu-season). When not fatal, meningitis can lead to permanent disabilities such as hearing loss, brain damage or loss of limbs.

The U.S. Centers for Disease Control and Prevention (CDC) and the American College Health Association (ACHA) recommend that college students, particularly freshmen living in dormitories, are at a greater risk for meningitis than the general population. Behavior and social aspects of college lifestyle activities such as living in dormitories, bar patronage, smoking, and irregular sleep habits put these students at greater risk.

In February 2005, the CDC recommended a newly licensed vaccine for use, known as Menactra™, to prevent meningococcal disease. The previous version of this vaccine, Menomune™, was first made available in the United States in 1985. Both vaccines are 85% to nearly 100% effective in preventing four (4) types of the meningococcus germ (types A, C, Y, and W-135). These four types cause about 70% of the disease in the United States. Because the vaccine does not include type B, which accounts for about one-third of cases in adolescents, it does not prevent all cases of meningococcal disease. Vaccinations take 7-10 days to become effective, with possible protection lasting 3-5 years.

Who should not get the vaccine: People who have had Guillain-Barré Syndrome; Over 55 years old; Pregnant or suspect that you may be; Allergic to thimerosal, a substance found in several vaccines; Have an acute illness, with fever (101°F or higher).

Reactions to the vaccine may include pain, redness, and induration at the site of injection, headache, fatigue, and malaise. The vaccine is contraindicated in persons with known hypersensitivity to any component of the vaccine or to latex, which is used in the vial stopper. Because of the risk of injection site hemorrhage, the vaccine should not be given to persons with any bleeding disorder or to persons on anticoagulant therapy unless the potential benefit clearly outweighs the risk of administration. A few cases of Guillain-Barré Syndrome, a serious nervous system disorder, have been reported among people who received the vaccine. As with any vaccine, there is a possibility of an allergic reaction.

Vaccination is available at Student Health Services (limited supply), private physician offices, and Health Units. Cost of vaccine varies.

\_\_\_\_\_ Medical Reasons (Physician's Statement Required)

\_\_\_\_\_ Personal Reasons (State reason in space provided)

\_\_\_\_\_ Religious Reasons

**(REASON)** \_\_\_\_\_

I have been fully informed by reading the above information and have *chosen to sign this exemption from the meningococcal immunization requirement* and understand that my health could be negatively affected and my life possibly endangered by not receiving the vaccine. I declare myself to be a person of the full age of majority and to be mentally competent. I hereby assume full responsibility for any and all possible present or future results or complications of my condition as a result of not receiving the vaccination.

I do further hereby now and forever free and release the University and the Department of Health and Hospitals and all its agents, attending health care professionals, and other personnel from any and all legal or financial responsibility as a result of not receiving the vaccination.

I certify that I have read (or have had read to me) and that I fully understand this Waiver of Vaccination and Release from Responsibility. All explanations were made to me and all blanks completed before signing my name. I have elected to not receive the vaccination of my own free will.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**RETURN THIS FORM TO:**

**ULM Student Health Services • 1140 University Avenue Monroe, LA 71209  
Telephone (318) 342-5238 • Fax (318) 342-5239 • www.ulm.edu/shs**