University of
LOUISIANA
Monroe

PROOF OF IMMUNIZATION COMPLIANCE

Louisiana R.S. 17:170/170.1/Schools of Higher Learning

Please print with ink, (information must be legible to be accepted).

Last _____ First _____ Middle _____ Semester of Enrollment _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Gender _____ CWID _____

Home Phone _____ Mobile Phone _____ E-Mail _____

IMMUNIZATION REQUIREMENTS FOR ULM STUDENTS

This section must be completed by a physician or health care provider. (We accept copies of immunization from Louisiana LINKS)

MMR Measles, Mumps, Rubella (Two doses required)

Date:_____

Date:_____

AND

TETANUS-DIPHTERIA (One dose within past 10 years required)
TD or Tdap

Date:_____

AND

MENINGOCOCCAL (Two doses required)

Date:_____Date:_____

_____
Signature of Health Care Provider

_____
Address

_____
Date Phone

OR

Measles (Two doses required <u>or</u> positive serology)

Date:_____

Date:_____

OR Date of IgG Serology Test_____

Results:_____

AND

MUMPS (One dose required <u>or</u> positive serology)

Date:_____

OR Date of IgG Serology Test_____

Results:_____

AND

RUBELLA (One dose required <u>or</u> positive serology)

Date:_____

OR Date of IgG Serology Test_____

Results:_____

REQUEST FOR IMMUNIZATION EXEMPTION: If you request an immunization exemption for medical or personal reasons, or due to an inability to locate a specific vaccine, <u>please check the appropriate box and provide the reason.</u>

❏ Medical (Physician's Statement Required) ❏ Personal (Religious, unable to locate records, etc.) ❏ Shortage of Vaccine

_____
Reason

I have reviewed information from the Center for Disease Control and Prevention's website at http://www.cdc.gov/vaccines/hcp/vis/visstatements/mmr.html regarding vaccine-preventable disease and related vaccinations and have chosen not to be vaccinated. I understand that if I claim exemption, I may be excluded from campus and from classes in the even of an outbreak of measles, mumps, rubella, or meningitis until the outbreak is over or until submit proof of immunization. **If I am not 18 years of age or older, my parent or legal guardian must also sign below.**

_____
Student's Signature Date Parent/Legal Guardian Signature Date

Return form to: The University of Louisiana at Monroe • Office of Admissions • 700 University Ave. Monroe, LA 71209 • Phone (318) 342-3831 • Fax (318) 342-1915