## PROOF OF IMMUNIZATION COMPLIANCE

## NORTHWESTERN STATE UNIVERSITY OF LOUISIANA

•	
Please Print (Last) (First) (Middle)	
Please Print (Last) (First) (Middle)	
City: State: ZIP Code:  UNIVERSITY REQUIRED IMMUNIZATIONS:  Physician or Other Health Care Provider Verification: (See other side)  M-M-R (Measles, Mumps, Rubella-2 Doses Required)  First dose: OR  Serologic Test: (Date)  Second dose: (Date)  Result: (Date)  OR  (Date)  Result: (Date)  OR  (Date)  (Date within 10 years)  (Date within 10 years)	
UNIVERSITY REQUIRED IMMUNIZATIONS:  Physician or Other Health Care Provider Verification: (See other side)  M-M-R (Measles, Mumps, Rubella-2 Doses Required)  First dose: (Date)  Second dose: (Date)  Result: (Date)  OR  (Date)  Result: (Date)  OR  (Date)  Result: (Date)  OR  (Date)  OR  (Date)  Result: (Date)	
M-M-R (Measles, Mumps, Rubella-2 Doses Required)         Tetanus Diphtheria (Td) Pertussis (Tdap)           First dose:	
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(Date)    Continue   C	
Coate   Coat	
Result:   (Date)   (Date within 10 years)   OR	
(Date)  Result: (Date)  OR  (Date within 10 years)	
OR (Date)	
□ Born before 1956	
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Meningitis Vaccine ACYW-135 (TWO doses of meningococcal conjugate vaccination separated by at least eight weeks.)	
First dose: Vaccine Type:	
(Date)	
Second dose:	
(Date)	
UNIVERSITY REQUIRED IMMUNIZATIONS:	
Physician or Other Health Care Provider Verification: (See other side)	
Hepatitis B Vaccine Tuberculosis Test	
First dose: PPD (Mantoux) within the past 12 months (tine or monovac not accept	otable)
(Date)  Date given: Date read:	
Second dose:	
(Date) Result: Neg Pos	
mm induration (horizontal diameter)	
Third dose: *If PPD is positive, chest X-ray result: Normal Abnormal _	
(Date)  Date:	
UNIVERSITY IMMUNIZATIONS (RECOMMENDED BUT NOT REQUIRED):	
The CDC recommends vaccination against COVID-19 and influenza in accordance with their respective schedules.	
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## READ INFORMATION ON BACK OF THIS FORM

You will not be permitted to register until you complete this form and return to: Northwestern State University

The Graduate School, Caspari Hall, Suite 123 310 Sam Sibley Drive | Natchitoches, LA 71497 Please read the following information carefully:

Student Signature

Louisiana Law (R.S. 17:170.1 Schools of Higher Learning) requires all students entering Northwestern State University to be immunized for the following: Measles, Mumps & Rubella, Tetanus, Diphtheria & Pertussis, Meningitis, and COVID-19.

Pursuant to Louisiana R.S. § 17:170: In the event of an outbreak of a vaccine-preventable disease at Northwestern State University, the administrators are empowered, upon the recommendation of the Office of Public Health, to exclude from attendan unimmunized students until the appropriate disease incubation period has expired or the unimmunized person presents evidence of immunization. Students not meeting the immunization requirement, or submitting the request for exemption declaration for will be prevented from registering for subsequent semesters.

## IMMUNIZATION REQUEST FOR EXEMPTION DECLARATION/WAIVER FORM

**REVISED 10/2021** PRINT NAME: SSN/CWID# Mumps & Rubella Requirement: Two doses. Measles Requirement: Two doses for students born after 1956. Tetanus, Diphtheria & Pertussis (Td OR Tdap) Requirement: A booster dose of Td or Tdap vaccination with the previous 10 years. Meningitis Requirement: All students must show proof of two doses of meningococcal conjugate vaccination separated by at least eight weeks. \*Request for Exemption Declaration - MMR Medical (Physician's Statement Required) State reason: I fully understand that if I claim exemption for the reason(s) listed above, 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. If I am not 18 years of age, my parent or legal guardian must sign below. Student Signature Date Parent or Guardian Signature (if required) Date \*Request for Exemption Declaration - Td \_\_\_\_\_Medical (Physician's Statement Required) State reason: I fully understand that if I claim exemption for the reason(s) listed above, 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. If I am not 18 years of age, my parent or legal guardian must sign below. Student Signature Parent or Guardian Signature (if required) Date Date \*Request for Exemption Declaration - Meningococcal Vaccine (Meningitis) WAIVER OF VACCINATION AND RELEASE FROM RESPONSIBILITY BE IT KNOWN that on this date I have been fully informed by reading the Centers for Disease Control and Prevention's Meningococcal Vaccines—What You Need to Know Vaccine Information Statement and understand that my health could be negatively affected, and my life possibly endangered by not receiving the vaccine. The reason for my completing this waiver is (check one): \_\_\_\_\_Medical (Physician's Statement Required) State reason: I declare myself to be a person of the full age of majority and to be mentally competent. I hereby assume full responsibility for 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 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.

Date

Parent or Guardian Signature (if required)

Date