

SS Number: _____ Date of Birth: Month _____ Date _____ Year _____

Name: _____
Please Print (Last) (First) (Middle)

Address: _____

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)		Tetanus Diphtheria (Td) Pertussis (Tdap)
First dose: _____ (Date)	OR Serologic Test: _____ (Date)	Td: _____ (Date within 10 years)
Second dose: _____ (Date)	Result: _____ (Date)	OR Tdap: _____ (Date within 10 years)
	OR <input type="checkbox"/> Born before 1956	

Meningitis Vaccine ACYW-135 (TWO doses of meningococcal conjugate vaccination separated by at least eight weeks.)

First dose: _____ (Date) Vaccine Type: _____

Second dose: _____ (Date) Vaccine Type: _____

UNIVERSITY REQUIRED IMMUNIZATIONS:

Physician or Other Health Care Provider Verification: (See other side)

Hepatitis B Vaccine	Tuberculosis Test
First dose: _____ (Date)	PPD (Mantoux) within the past 12 months (tine or monovac not acceptable)
Second dose: _____ (Date)	Date given: _____ Date read: _____
Third dose: _____ (Date)	Result: Neg _____ Pos _____ mm induration (horizontal diameter) _____
	*If PPD is positive, chest X-ray result: Normal _____ Abnormal _____
	Date: _____

UNIVERSITY IMMUNIZATIONS (RECOMMENDED BUT NOT REQUIRED):

The CDC recommends vaccination against COVID-19 and influenza in accordance with their respective schedules.

Physician or Other Health Care Provider Verification: (See other side)

COVID-19 Vaccine (Two (2) doses of COMIRNATY/Pfizer-BioNTech or Moderna or One (1) dose of Johnson & Johnson/Janssen)

First dose: _____ (Date) Vaccine Type: _____

Second dose: _____ (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.

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
Telephone Numbers (318) 357-5851 or (800) 232-9892 | Fax Number (318) 357-5019 | Email: grad_school@nsula.edu

To request exemptions, complete shaded sections on the back of this form.

