PROOF OF IMMUNIZATION COMPLIANCE
(Louisiana R.S. 17:170.1 Schools of Higher Learning)

NORTHWESTERN STATE UNIVERSITY OF LOUISIANA

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) Second dose: _____ (Date)	OR Serologic Test: _____ (Date) Result: _____ (Date) OR □ Born before 1956	Td: _____ (Date within 10 years) OR Tdap: _____ (Date within 10 years)

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) Second dose: _____ (Date) Third dose: _____ (Date)	PPD (Mantoux) within the past 12 months (tine or monovac not acceptable) Date given: _____ Date read: _____ 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

Office of Admissions, Student Services Center, Suite 235
175 Sam Sibley Drive | Natchitoches, LA 71497
Telephone Numbers (318) 357-4078 or (800) 767-8115 | Fax Number (318) 357-4660 | Email: applications@nsula.edu

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

Please read the following information carefully:
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 attendance 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 form, 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) ☐ Personal

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.

X_____ _____ _____ _____
Student Signature | Date | Parent or Guardian Signature (if required) | Date

*Request for Exemption Declaration – Td

☐ Medical (Physician's Statement Required) ☐ Personal

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.

X_____ _____ _____ _____
Student Signature | Date | Parent or Guardian Signature (if required) | 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) ☐ Personal

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.

X_____ _____ _____ _____
Student Signature | Date | Parent or Guardian Signature (if required) | Date