



Student Health Services

University of Louisiana at Monroe
PROOF OF IMMUNIZATION COMPLIANCE

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

Please Print with Ink

(If information is not legible form will be rejected)

Name (Last, First, Middle) Semester of Enrollment
Address (Street, City, State, Zip Code)
Date of Birth Gender M F Campus ID Number Telephone Number

IMMUNIZATION REQUIREMENTS FOR ULM STUDENT

This section must be completed by a Physician or Health Care Provider

(We accept copies of immunization from Louisiana LINKS)

REQUIREMENTS:

MMR (Measles, Mumps, Rubella) (Two doses)

Date of 1st dose:

Date of 2nd dose:

AND

TETANUS-DIPHTERIA (One dose within past 10 years)

Date:

AND

MENINGOCOCCAL (One dose)

Date:

Vaccine Type:

OR As an alternate

Complete the information at the top of the form. You can use SSN in place of Campus ID number.

Either have a health care provider complete the middle portion or request the exemption at the bottom. To complete the exemption, check Personal Reasons, and in the blank write "Dual Enrollment student". Be sure to sign and have a parent sign.

Signature of Health Care Provider

Date

Address

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Telephone

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, please check the appropriate box and provide the reason.

Medical (physician's statement required)

Personal (state the reason below)

Shortage (unable to locate vaccine)

Reason:

I have reviewed information from the Center for Disease Control and Prevention's website at www.cdc/nip/publications/VIS/default.htm 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 event of an outbreak of measles, mumps, rubella, or meningitis until the outbreak is over or until I 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 or Legal Guardian, if required

Date

RETURN THIS FORM TO:

University of Louisiana, Student Health Services
1140 University Avenue, Monroe, Louisiana, 71209
Phone (318)342-5238 or fax (318) 342-5239