



PROOF OF IMMUNIZATION COMPLIANCE

(Louisiana R.S. 17:170 Schools of Higher Learning)

All information must be completed in English. Please print.

Student completes

Name: _____
Last First Middle

Address: _____

City/State/Zip: _____

Date of Birth: _____ Sex: Male Female W
Month Date Year University ID number

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)

OR

Serologic Test: _____
(Date)

OR

Result: _____

OR

Born before 1956

Tetanus-Diphtheria (Td)

Td Last Dose: _____
(Date within 10 years)

OR

Tdap Last Dose: _____

Meningococcal vaccine (two doses required) First Dose Date: _____ Vaccine Type: _____
Quadrivalent vaccine (A, C, Y, W-135) Second Dose Date: _____ Vaccine Type: _____
If the first dose is administered AFTER age 16, a second dose is NOT required.

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 _____

Print office address or stamp here

UNIVERSITY RECOMMENDED IMMUNIZATIONS

Physician or Other Health Care Provider Verification

Hepatitis B Vaccine

First Dose: _____
(Date)

Second Dose: _____
(Date)

Third Dose: _____
(Date)

Tuberculosis Test

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)

COVID-19 vaccine

(2 doses of Moderna or Pfizer vaccine, or 1 dose of Johnson & Johnson vaccine required)

First Dose Date: _____ Vaccine Type: _____
Second Dose Date: _____ Vaccine Type: _____
Booster Date: _____ Vaccine Type: _____

Physician or other health care provider completes

PLEASE SUBMIT THIS FORM TO ONE THE FOLLOWING OPTIONS:

- Mail: OFFICE OF ADMISSIONS, Southeastern Louisiana University
SLU Box 10752, Hammond, LA 70402
- Email: admissiondocs@southeastern.edu
- Fax: 985-549-5882



YOU WILL NOT BE PERMITTED TO REGISTER UNTIL YOU COMPLETE AND RETURN THIS FORM
Important: Make a copy of this form for your personal record. (over)

