

**Student must complete**

*All information must be completed in English. Please print.*

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_

SS Number:    -   -     Sex:  Male  Female

Date of Birth: \_\_\_\_\_ **W**          
Month Date Year Semester of Enrollment University ID number

**Physician or other health care provider completes**

**UNIVERSITY REQUIRED IMMUNIZATIONS**  
 Physician or Other Health Care Provider Verification (See other side)

<p><b>M-M-R</b> (Measles, Mumps, Rubella – 2 Doses required)</p> <p>First Dose: _____  <small>(Date)</small></p> <p>Second Dose: _____  <small>(Date)</small></p>	<p>OR</p>	<p>Serologic Test: _____  <small>(Date)</small></p> <p>Result: _____</p> <p>OR</p> <p><input type="radio"/> Born before 1956</p>	<p><b>Tetanus-Diphtheria (Td)</b></p> <p>Td Last Dose: _____  <small>(Date within 10 years)</small></p> <p>OR</p> <p>Tdap Last Dose: _____</p>
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**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.*

<p>PLEASE DO NOT SIGN THIS COMPLIANCE FORM UNLESS THE STUDENT HAS PROPER VACCINES OR IMMUNE TESTS.</p> <p>_____  <small>Signature of Physician or Other Health Care Provider</small></p> <p>_____  <small>Date</small></p>	<p>Please print office address or stamp here</p>
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**Physician or other health care provider completes**

**UNIVERSITY RECOMMENDED IMMUNIZATIONS**  
 Physician of Other Health Care Provider Verification

<p><b>Hepatitis B Vaccine</b></p> <p>First Dose: _____  <small>(Date)</small></p> <p>Second Dose: _____  <small>(Date)</small></p> <p>Third Dose: _____  <small>(Date)</small></p>	<p><b>Tuberculosis Test</b></p> <p>PPD (Mantoux) within the past 12 months (tine or monovac not acceptable)</p> <p>Date given: _____ Date read: _____</p> <p>Result: <input type="radio"/> Neg <input type="radio"/> Pos mm induration (horizontal diameter) _____</p> <p>*If PPD is positive, chest X-ray result: <input type="radio"/> Normal <input type="radio"/> Abnormal _____  <small>(Date)</small></p>
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**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

**REMEMBER!**  
**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)*

# IMMUNIZATION REQUIREMENTS

Two (2) doses of measles vaccine; at least one dose each of rubella and mumps vaccine; and a tetanusdiphtheriapertussis booster (AT LEAST 10 YEARS CURRENT)

### Measles Requirement:

Two (2) doses of live vaccine given at any age, except that the vaccine must have been given on or after the first birthday, in 1968 or later, and without Immune Globulin. A second dose of measles vaccine must meet this same requirement, but should not have been given within 30 days of the first dose. A history of physiandiagnosed measles is acceptable for establishing immunity, but should be accepted with caution unless you were the diagnosing physician.

### Tetanus-Diphtheria Requirement:

A booster dose of vaccine given within the past ten (10) years. Students can be considered to have completed a primary series earlier inlife, unless they state otherwise.

### Meningitis Requirement:

All students must show proof of two (2) doses of meningococcal conjugate vaccination separated by at least eight weeks. If the first dose is administered after age 16, a second dose is not required. Meningitis disease is a serious disease that affects the brain and spinal cord. The disease is spread through droplet transmission from the nose or throat, such as sneezing or coughing, and direct contact with oral secretions of an infected individual. This includes such things as kissing, sharing drinks, food, utensils, cigarettes, lip balm or any object that has been in someone else’s mouth. Because meningitis is a grave illness and can rapidly progress to death, it requires early diagnosis and treatment. This is often difficult because the symptoms closely resemble those of the flu and the highest incidence of meningitis occurs during late winter and early spring (flu season). When not fatal, meningitis can lead to permanent disabilities such as hearing loss, brain damage or loss of limbs.

The U.S. Centers for Disease Control and Prevention (CDC) and the American College Health Association (ACHA) recommend that college students, particularly freshmen living in dormitories, are at a greater risk for meningitis than the general population. Behavior and social aspects of college lifestyle activities such as living in dormitories, bar patronage, smoking and irregular sleep habits put these students at greater risk. Who should not get the vaccine: people who have had GuillainBarre’ Syndrome; over 55 years old; pregnant or suspect that you may be; allergic to thimerosal, a substance found in several vaccines; have an acute illness, with fever of 101 or higher).

Reactions to the vaccine may include pain, redness, and induration at the site of injection, headache, fatigue, and malaise. The vaccine is contraindicated in person with known hypersensitivity to any component of the vaccine or to latex, which is used in the vial stopper. Because of the risk of injection site hemorrhage, the vaccine should not be given to persons with any bleeding disorder or to persons on anticoagulant therapy unless the potential benefit clearly outweighs the risk of administration. A few cases of Guillain-Barre’ syndrome, a serious nervous system disorder, have been reported among people who received the vaccine. As with any vaccine, there is a possibility of an allergic reaction.

This vaccination is available at private physician offices, Health Units and most pharmacies with a prescription fromyour doctor. Cost of vaccine varies. Request for Exemption I am requesting exemption from:

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## Request for Exemption — MMR & Td and/or Request for Exemption-Meningococcal Immunization

Please check the appropriate space below if requesting exemption/s:

- Personal Reasons (State reason in space provided)                       Medical Reasons (Physician’s Statement Required)  
 Religious Reasons

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I fully understand that if I claim an exemption for medical or personal reasons, 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.

I have read the above information and am aware of my personal risk for meningitis and have chosen to sign this waiver. In accordance with RS 17:170:1, I understand that this puts me at greater risk of acquiring meningitis and Southeastern Louisiana University, its Board of Supervisors, and all of their agents are released from any liability should I contract meningitis while I am enrolled. If I am not 18 years of age, my parent or legal guardian must sign below.

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Student Signature

Date

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Parent or Guardian Signature

Date

- MMR                       Td/Tdap                       Meningitis