



**Student Health Services**  
**Proof of Immunization Compliance Form**  
(LOUISIANA R.S. 17:170 SCHOOL OF HIGHER LEARNING)

<b>STUDENT MUST COMPLETE</b>	Name _____		
	<i>Please Print</i>	(Last Name)	(First Name)
	(Middle Initial)		
	Student ID Number	<input type="text"/>	Semester of Enrollment
	<input type="text"/>	Year	<input type="text"/>
	Date of Birth: Month _____ Day _____ Year _____		

<b>PHYSICIAN OR OTHER HEALTH CARE PROVIDER VERIFICATION</b>				
<b>PHYSICIAN COMPLETES</b>	<b>Measles (Rubeola)</b>	<b>Rubella</b>	<b>Mumps</b>	
	1 <sup>st</sup> Immunization: _____ Date _____	Immunization: _____ Date _____	Immunization : _____ Date _____	Immunization : _____ Date (within 10 years)
	and	Serologic Test: _____ Date _____	Date of Disease: _____ Date _____	
	2 <sup>nd</sup> Immunization: _____ Date _____	Result: _____ Date _____	Serologic Test: _____ Date & Result	<b>Meningococcal</b>
Date of Disease: _____ Date _____	<b>TB Skin Test</b>			
Serologic Test: _____ Date & Result	Immunization: _____ Date (within 6 months of registration) Result: _____ Date _____			
			1 <sup>st</sup> Immunization: _____ Date _____ and 2 <sup>nd</sup> Immunization: _____ Date _____  *Date within last 4 years	

<b>PHYSICIAN COMPLETES</b>	(Please place address or stamp below)	
	_____ <i>Physician Signature or other Health Care provider</i>	
	_____ <i>Date</i>	

**REQUEST FOR EXEMPTION:**  
If you request an Exemption for medical reasons, please check the appropriate blank and provide the information requested.

Medical Reasons: (Physician's statement required - use space below)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand that if I claim for medical reasons, I may be excluded from campus and from classes in the event of an outbreak of measles, mumps, rubella, diphtheria or meningitis 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.

\_\_\_\_\_ (Student's Signature)      \_\_\_\_\_ (Date)      \_\_\_\_\_ (Parent or Guardian, if required)      \_\_\_\_\_ (Date)