



**Southern University Law Center
Proof of Immunization Compliance
(Louisiana R.S. 17:170 Schools of Higher Learning)**

STUDENT MUST COMPLETE

Name: _____
(Please Print) (Last) (First) (Middle)
SS Number/Student ID: _____ - _____ - _____
Date of Birth: Month _____ Date _____ Year _____

PHYSICIAN OR OTHER HEALTH CARE PROVIDER VERIFICATION

PHYSICIAN COMPLETE

(See Other Side)

Please give your patient any missing immunizations, following
the requirements listed on the other side of this form.

Measles (Rubeola)	Rubella
1st Immunization Date	Immunization Date
2nd Immunization Date	Serologic Test Date
Date of Disease	Titer Result
Titer Result	
Mumps	Tetanus-Diphtheria
Immunization Date	Immunization Date
Serologic Test Date	
Titer Result	

(Physician's Signature)

(Date)

REQUEST FOR EXEMPTION:

If you request exemption for medical or personal reasons, please check the appropriate blank and provide the information requested.

____ Medical (Attach physician's statement) ____ Personal (State reasons in the space provided below)

I understand that if I claim exemption for personal or medical 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.

(Physician's Signature)

(Date)

Southern University Law Center
Admissions and Recruitment Department
P. O. Box 9294
Baton Rouge, Louisiana 70813
Fax: (225) 771-2372

**IMPORTANT: Make a copy of this form for your personal records.
NOTE: Remember! You will not be permitted to register until you complete and return this form.**

TO THE PHYSICIANS OR OTHER MEDICAL PROVIDER

The following guidance is presented for the purpose of implementing the requirements of Louisiana R.S. 17:170, and in meeting the established recommendations for control of vaccine-preventable diseases as recommended by the American Academy of Pediatrics; the advisory Committee on Immunization Practices to the United States Public Health Service; and the American College Health Association.

Measles requirement: Two (2) doses of live vaccine. 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 the same requirement, but should not have been given within 30 days of the first dose. Serologic evidence of measles immunity is acceptable, or a history of physician diagnosed measles is acceptable for establishing immunity, but should be accepted with caution unless you were the diagnosing physician.

Mumps-rubella requirement: One (1) dose each is required. Proof of previous disease is not sufficient unless serological testing has been done and titer results given.

Tetanus-Diphtheria requirement: A booster dose of vaccine given within the past ten (10) years. Students can be considered to have completed primary series earlier in life, unless they state otherwise.

