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

Please return the completed form to: University of Louisiana at Lafayette; Student Health Service:
PO Box 43692, Lafayette, LA 70504-3692, Fax: 337-482-1873

Name: ____ Date of Birth:__________ CLID/SSN:_____________
(Last/Family) (First/Given)

When do you plan to start at UL Lafayette: __________Month _____Year

Email:______________________________ Telephone: ______________________

Instructions: Immunization requirements are applicable to students born on or after January 1, 1957. Sections A (and/or B) & C must be completed. You must either have a physician or health care provider complete Section A or submit the Universal Certifcate of Immunizations provided by the Department of Health and Hospitals, Offce of Public Health. . If you have not been immunized for all required diseases, you may request an exemption by completing Section B. However, Section C cannot be waived and must be completed.

_____________: Failure to complete turn in this form will you from being able to schedule classes.

Date of 1st dose: ___________________

Date of 2nd dose:___________________

Date: ______________________________

Vaccine type: _________________________

Date:___________________________

Date:___________________________

Date: ______________________________

Vaccine type: _________________________

(Minimum interval is eight weeks)

Date: ______________________________

Vaccine type: _________________________

PhyIhave chosen not to be vaccinated for and am requesting an exm
, and I am aware of the risks.

Medical Personal Shortage (unable to locate vaccine) Other: ___________________________

I understand that if I claim an exemption for personal or medical reasons, 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. I have reviewed information regarding vaccine-preventable diseases and related vaccinations contained on the website for the Center for Disease Control and Prevention (CDC): http://www.cdc.gov/vaccines/hcp/vis/index.html. If I am not 18 years of age or older, my parent or legal guardian must also sign below.

_______________________ Student Signature

__________ Date

_______________________ Parent Signature (for students under 18 years old)

__________ Date

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(Last/Family) (First/Given)

Country of Origin: ____

Instructions: Complete all questions in Section C, Part I.

- If the answer is to questions, no further testing or action is required.
- If the answer is to any of the below questions, you are required to have your physician or health care provider complete Section C, Part II. You are required to have a tuberculin skin test (PPD). You may use record of a previous PPD skin test if it was within the last 12 months. PPD skin tests can be obtained from your physician or walk-in clinic.

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