



PROOF OF IMMUNIZATION COMPLIANCE

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

Vaccine requirements applicable only to students born on or after January 1, 1957

You will not be permitted to register until this form is completed and returned, or a wavier has been signed for your file.

Name: _____ Date of Birth _____
Please Print Last First Middle Maiden MM/DD/YY

Semester of Enrollment: Fall Spring Summer Year 20____ Major/Program _____

Physician must complete this section.

Required Vaccines

Measles, Mumps, Rubella (MMR) 2 doses required

First dose: _____
(Date)

Second dose: _____
(Date)

OR

Serologic Test Date and Result: _____
(Date) (Result)

OR

Date of disease _____
(Date)

Tetanus-Diphtheria

Td or Tdap: _____
(Circle one) (Date within 10 years)

Meningococcal Vaccine (one dose required)

Quadrivalent vaccine (A, C, Y, W-135)

(Date) (Vaccine Type)

Recommended Vaccines

Hepatitis B Vaccine (3 dose series)

First dose: _____
(Date)

Second dose: _____
(Date)

Third dose: _____
(Date)

Titer: _____
(Date) (Result)

Varicella (Chicken Pox) Vaccine (2 dose series)

First dose: _____
(Date)

Second dose: _____
(Date)

History of Disease: No Yes _____
(Date or approx. age)

PLEASE DO NOT SIGN THIS COMPLIANCE FORM UNLESS THE STUDENT HAS HAD THE REQUIRED VACCINES OR IMMUNE TESTS.

Please print office address or stamp here:

(Signature of physician/Other Health Care Provider)

(Date)

Please make a copy of this form for your personal record.

Remember to return this completed form to the Office of Health Services, LC Box 106, Pineville, La 71359

Please read the following information carefully:

Louisiana Law requires all students (born on or after January 1, 1957) entering Louisiana College to be immunized against Measles, Mumps, and Rubella, Tetanus-Diphtheria (within the past 10 years), and Meningococcal disease (Meningitis). The vaccines required on this form are for the purpose of implementing the requirements of Louisiana R.S. 17:170, and of meeting the established recommendations for control of vaccine-preventable diseases as recommended by the American Academy of Pediatrics (AAP); the Advisory Committee on Immunization Practices to the United States Public Health Service (ACIP); and the American College Health Association (ACHA). Students not meeting the MMR & TD requirement will be prevented from registering for subsequent semesters.



WAIVER OF VACCINATION AND RELEASE FROM RESPONSIBILITY FORM

Name (Printed): _____

Measles Requirement: Two 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 the same requirement, but should not have been given within 30 days of the first dose. A history of physician-diagnosed measles is acceptable for establishing immunity, but should be accepted with caution.

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

Meningitis Requirement: One dose of Menomune® (MPSV4) or Menactra TM (MCV4).

Meningitis Information: Meningococcal 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 the 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 put these students at greater risk. Two meningococcal vaccines are available in the U.S. – Menomune® and Menactra TM (MCV4). The vaccinations are effective against 4 of the 5 most common bacterial types that cause 70% of the disease in the U.S. (but does not protect against all types of meningitis – DOES NOT COVER Group B serotype). Vaccinations take 7 – 10 days to become effective, with possible protection lasting 3 – 5 years. As with any vaccine, vaccination may not protect 100% of all susceptible individuals.

Who should not get the vaccine: people who have had Guillain-Barre 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 (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 persons 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 a person 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. Vaccination is available at Health Services (for a fee), private physician offices, and Health Units.

WAIVER OF VACCINATION

BE IT KNOWN that on this date I, _____, (Print Name of Student) have read the CDC and ACHA guidelines (above) for Measles Requirement, Tetanus-Diphtheria Requirement, and Meningitis Requirement including the Meningitis Information and understand that my health could be negatively affected and my life possibly endangered by not receiving these vaccines. The reason for my completing this waiver is (initial one):

_____ Personal _____
 (initial) (Explain in detail)

_____ Medical _____
 (initial) (Explain in detail)

_____ Religious _____
 (initial) (Explain in detail)

_____ Unavailability of the Vaccine _____
 (Initial) (Explain in detail)

I AM WAIVING THE FOLLOWING VACCINE(S) (initial applicable vaccines):

_____ Measles Mumps Rubella (MMR) _____ Tetanus-Diphtheria (Td) _____ Meningococcal (Meningitis)
 (Initial) (Initial) (Initial)

I fully understand that if I claim exemption for medical or personal 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 declare myself to be a person of full age of majority and to be mentally competent. I hereby assume full responsibility for any and all possible present or future results or complications of my condition as a result of not receiving the required vaccinations. I do further hereby now and forever free and release the Louisiana College, the Department of Health and Hospitals and all its agents, attending health care professionals, and other personnel from any and all legal or financial responsibility as a result of not receiving the vaccinations. I certify that I have read (or have had read to me) and that I fully understand this Waiver of Vaccination and Release from Responsibility. All explanations were made to me and all blanks completed before signing my name. I have elected to not receive the vaccinations of my own free will.

_____ Student Signature _____ Date _____ Parent/Guardian Signature if student under 18 years old _____ Date