# PROOF OF IMMUNIZATION COMPLIANCE

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

**Print or Type**

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Name</th>
<th>Last Name</th>
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<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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**Student Identification Number**

**Term:**  
- [ ] Fall  
- [ ] Spring  
- [ ] Summer 20 ___

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## TO BE COMPLETED BY PHYSICIAN OR OTHER HEALTH CARE PROVIDER *(see other side)*

### 1. Measles (Rubeola)

**1st Immunization**
- Date: 
- Immunization Date: 
- and or

**2nd Immunization**
- Date: 
- Serologic Test Date: 
- and Result: or

**Date of Disease**
- Date: 
- Serologic Test Date: 
- or 

**4. Meningococcal**
- (Meningococcal polysaccharide vaccine) (MPSV4)
- (Meningococcal conjugate vaccine) (MCV4)
- One (1) dose preferably before entering college.

**5. Tetanus-Diphtheria**

**Physician or health care provider**

- Print Name: ____________________________
- Signature: ____________________________
- Date: ______/____/____

- Address: ____________________________
- City/State/Zip: ____________________________
- Telephone: (____)________ – __________________________

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I understand that my health could be negatively affected and my life possibly endangered by not receiving the above listed vaccines. The reason for not being vaccinated is:

- [ ] Personal
- [ ] Unavailability of vaccine (I have provided a statement certifying that I have tried to receive the vaccine but no vaccine could be found.)
- [ ] I am an online student and will not be on campus for classes
- [ ] Medical
- [ ] Religious

I declare myself to be a person of full age of majority and to be mentally competent. If I am not of full age of majority, my parent or legal guardian must sign below. I hereby assume full responsibility for any and all possible present or future results or complications of my condition due to refusal.

I do further hereby, now and forever, free and release Southern University and A&M College and the Department of Health and Hospitals and its agents, attending health care professionals and other personnel from any and all legal and financial responsibility as a result of this refusal.

I certify that I have read (or had read to me), and that I fully understand this release from this responsibility. All explanations were made for me.

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**Student Signature**
- Date: __________

**Parent/Guardian Signature**
- Date: __________