



PROOF OF IMMUNIZATION COMPLIANCE

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

Print or Type

First Name	Middle Name	Last Name	
Address	City	State	Zip
Student Identification Number		Term: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer 20 _____	

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

1. Measles (Rubeola)		2. Rubella		3. Mumps	
1st Immunization	Date:	Immunization	Date:	Immunization	Date:
and		or		or	
2nd Immunization	Date:	Serologic Test	Date:	Date of Disease	Date:
and			Result:	or	
Date of Disease	Date:	4. Meningococcal (Meningococcal polysaccharide vaccine) (MPSV4) or (Meningococcal conjugate vaccine) (MCV4) <i>One (1) dose preferably before entering college.</i>		Serologic Test	Date:
or					Result
Serologic Test	Date:			5. Tetanus-Diphtheria	
	Result:	Vaccination Date:	Immunization	Date:	

Physician or health care provider

Print Name _____ Signature _____ Date _____
 Address _____ City/State/Zip _____ / /
 Telephone (____) _____ - _____

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.

Student Signature	Date	Parent/Guardian Signature	Date
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