

Proof of Immunization Compliance

Instructions:

The UNO Student Health Services is requiring **all students** studying abroad with the University of New Orleans to complete the Proof of Immunization Compliance.

There are three sections to this form.

Section 1: "Student Information" – Please complete this section.

Section 2: "Physician or Other Health Care Provider Verification" – This section is to be completed by your physician or you can submit your certificate of immunizations.

Section 3: "Request for Exemption" – Complete this section if you would like to request exemption for medical or personal reasons. Remember to state your reason on the form or on an attached page. Don't forget to sign and date the form!

NOTE: Return the attached Proof of Immunization Compliance to Irene Ziegler via mail, fax (*with cover sheet*) or scanned/emailed pdf.

**UNO International Summer School
International Center, Rm. 128
University of New Orleans
2000 Lakeshore Drive
New Orleans, LA 70148
Fax: 504-280-6447
innsbruck@uno.edu**





THE UNIVERSITY *of* NEW ORLEANS

Office of Student Affairs

Dear UNO Student:

As a new or re-entering student, you are subject to a State legislated pre-matriculation immunization statute which **requires** that you provide UNO with your immunization status regarding **Measles, Mumps, Rubella, Tetanus-Diphtheria (Td) or Tetanus Toxoid reduced diphtheria acellular pertussis (Tdap)**; in addition two **Meningococcal** immunizations are required. The **Proof of Immunization Compliance** is on the other side of this sheet.

The following is a summary of the guidelines of the Louisiana State Health Department:

- **Tetanus-Diphtheria (Td) or Tetanus Toxoid reduced diphtheria acellular pertussis (Tdap) immunization within the last ten years.**
- If you were born on or after January 1, 1957, two **measles-mumps-rubella** immunizations are needed.
 - The first of these immunizations must be given after 1967, after your first birthday, and given without gamma globulin. The second must be given at least 30 days later.
 - If you had the disease, one of two proofs is necessary:
 - A blood test, called a titer, which shows immunity to the disease.
 - The signature of the physician who attended to you when you were ill with the disease.
- If you were born before 1957, there is no **measles-mumps-rubella** requirement.
- If you were born before 1957, the **diphtheria-tetanus** requirement still applies.
- All students must show proof of two doses of Meningococcal Conjugate vaccination separated by at least eight weeks. See link for more information. <http://www.uno.edu/student-health/meningitis-information.aspx>
- Please have the compliance form **completed** and **returned prior to registration**. **Failure to do so will result in your registration being delayed or denied**. Please fax, mail or return the information to the Office of Student Affairs. (Fax: 504.280.3975).
- Waivers for immunizations: **waiver.uno.edu** Login with your UNO username and password.

We look forward to serving you while you are at UNO.



**PROOF OF IMMUNIZATION COMPLIANCE
(LOUISIANA R.S. 17:170 SCHOOL OF HIGHER LEARNING)**

Return this completed form to 248 University Center
Telephone: (504) 280-6222, Fax: 504-280-3975: Email:healthservices@uno.edu

Student Information (please print)

Name: _____
(Last) (First) (Middle Initial)
Student Number: _____ Semester of desired enrollment: _____
Date of Birth: Month _____ Day _____ Year _____
Telephone number: _____

PHYSICIAN OR OTHER HEALTH CARE PROVIDER VERIFICATION OR UNIVERSIAL CERTIFICATE OF IMMUNIZATIONS ATTACHED.

MMR (Measles, Mumps, Rubella)

(Two Doses Required)

Date of 1st dose _____

Date of 2nd dose _____

OR

Date of Disease: _____ Serologic test(s): _____ Result(s): _____

Tetanus-Diphtheria (TD) or Tetanus toxoid reduced diphtheria acellular pertussis (Tdap)

(One Dose required within 10 years)

Td: _____ or Tdap: _____

Meningococcal Vaccine

(Two Doses)

Date: _____

Vaccine type: _____

(Minimum interval is eight weeks)

Date: _____

Vaccine type: _____

(Signature of Physician or other Health Care Provider)

Date

Address

(_____) _____
Office Telephone

REQUEST FOR EXEMPTION:

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

1. Medical Reasons: _____ (Physician's statement – use space below.)

2. Personal Reasons: _____ (State reason in space provided.)

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, rubella or meningitis until the outbreak is over or until I submit proof of immunization. If I am not 18 years of age, my parent or legal guardian must sign below.

I do further hereby, now and forever, free and release the University of New Orleans Student Health Services and its agents, attending health professionals, and other personnel from any and all legal and financial responsibility as a result of this refusal.

(Student's Signature)

(Date)

(Parent or Guardian Signature)

(Date)

For students under 18 years old.