Proof of Immunization Compliance

Instructions:

The UNO Student Health Services requires all guest students studying abroad with the University of New Orleans to complete the Proof of Immunization Compliance. All currently enrolled UNO degree-seeking students are not required to complete this form.

Please read carefully and complete form as soon as possible.

Section 1: “Student Information”
- Be sure to print clearly
- For “Semester of desired enrollment” indicate on the form “Summer 2017.”
- For “Student Number” indicate your SS# only if you do not know your seven digit UNO ID number.

Section 2: “Physician or Other Health Care Provider Verification” – This section is to be completed by your physician only if you do not request exemption at the bottom of the page.

“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: Mail, fax, or scan & email the completed Proof of Immunization Compliance to the address below and not to the one indicated on the form.

UNO-Japan: Study at Doshisha University
Division of International Education
International Center
2000 Lakeshore Drive
New Orleans, LA 70148

Email: UNOJapan@uno.edu
Fax: 504.280.7317

If you have any questions about the Proof of Immunization Compliance Form, please call us at 504.280.6388.
Dear New/Re-Entering UNO Student:

On behalf of the staff of Student Health Services, welcome to the University of New Orleans.

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:

1. **Tetanus-Diphtheria (Td) or Tetanus Toxoid reduced diphtheria acellular pertussis (Tdap)** immunization within the last ten years.
2. If you were born on or after January 1, 1957, two measles-mumps-rubella immunizations are needed.
   2.1 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.
   2.2 If you had the disease, one of two proofs is necessary:
      2.2.1 A blood test, called a titer, which shows immunity to the disease.
      2.2.2 The signature of the physician who attended you when you were ill with the disease.
3. If you were born before 1957, there is no measles-mumps-rubella requirement.
4. If you were born before 1957, the diphtheria-tetanus requirement still applies.
5. 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-info.aspx](http://www.uno.edu/student-health/meningitis-info.aspx)
6. Please have the compliance form completed and **returned prior to registration**. Failure to do so will result in your registration being delayed or denied. The information may be faxed, mailed, or returned in person.
7. A website for an immunization waiver can be found at waiver.uno.edu. Login with your UNO username and password.

We look forward to serving you while you are at UNO. Please stop by and say hello.

Cordially yours,

Betty Lo, M.D.
Medical Director, Student Health Services
Return this completed form to: University of New Orleans; Student Health Services
238 University Center, New Orleans, LA 70148.
Telephone: (504) 280-6387, Fax: 504-280-5405, Web: http://www.uno.edu/student-health/

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 UNIVERSAL 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.