

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.

There are three sections to this form.

Section 1: “Student Must Complete” – Please complete this section.

- For “Semester of desired enrollment” indicate on the form “**Summer 2015.**”
- 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** in Section 3.

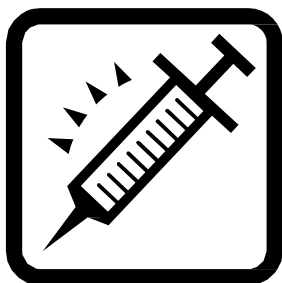
Section 3: “Request for Exemption” – Complete this section if you would like to request exemption for medical or personal reasons. Remember to state your reason on the form or on an attached page. Don’t forget to sign and date the form!

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

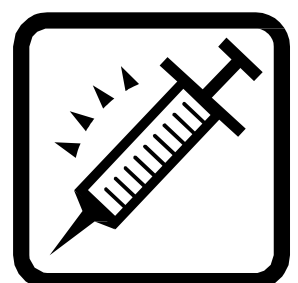
**UNO Prague Summer Seminars
Division of International Education
International Center
2000 Lakeshore Drive,
New Orleans, LA 70148**

Email: Prague@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.**





THE UNIVERSITY of
NEW ORLEANS

Office of Student Health Services

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, DIPHTHERIA and TETANUS, in addition a MENINGOCOCCAL immunization is 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. **Diphtheria-Tetanus (DT)** immunizations in 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. A **meningococcal** immunization in the last four years.
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 <http://studenthealth.uno.edu/immunization/form/>.

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

Proof of Immunization Compliance

(LOUISIANA R.S. 17:170 SCHOOL OF HIGHER LEARNING)

★ **IMPORTANT: Make a copy of this form for your personal record.** ★

STUDENT MUST COMPLETE	Name: _____		
	Please Print	(Last)	(First)
			(Middle Initial)
Student Number: <input style="width: 150px; height: 20px;" type="text"/>	Semester of desired enrollment: _____		
Date of Birth: Month _____ Day _____ Year _____			

PHYSICIAN OR OTHER HEALTH CARE PROVIDER VERIFICATION: <i>(see other side)</i>			
	Measles (Rubeola)	Rubella	Tetanus-Diphtheria
PHYSICIAN COMPLETES	1st Immunization: _____ Date	Immunization: _____ Date	Immunization: _____ Date within 10 years
	and	or	
	2nd Immunization: _____ Date	Serologic Test: _____ Date	Date of Disease: _____ Date
	or	and	or
Date of Disease: _____ Date	Result: _____ Date	Serologic Test: _____ Date & Result	Meningococcal
Serologic Test: _____ Date & Result			Immunization: _____ Date
_____ (Signature of Physician or other Health Care Provider)			
Date _____ <i>(Please place address or stamp above)</i>			

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, if required) _____ (Date)

RETURN THIS FORM TO: University of New Orleans
 Student Health Services
 238 University Center
 New Orleans, LA 70148
 (504) 280-6387
 (504) 280-5405 Fax

Louisiana law requires new and transfer students to submit the information requested above.