

SS Number: \_\_\_\_\_ Date of Birth: Month \_\_\_\_\_ Date \_\_\_\_\_ Year \_\_\_\_\_

Name: \_\_\_\_\_  
Please Print (Last) (First) (Middle)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

**UNIVERSITY REQUIRED IMMUNIZATIONS:**

Physician or Other Health Care Provider Verification: (See other side)

M-M-R (Measles, Mumps, Rubella-2 Doses Required)		Tetanus Diphtheria (Td) Pertussis (Tdap)
First dose: _____ (Date)	OR Serologic Test: _____ (Date)	Td: _____ (Date within 10 years)
Second dose: _____ (Date)	Result: _____ (Date)	<b>OR</b>
	OR	Tdap: _____ (Date within 10 years)
	<input type="checkbox"/> Born before 1956	
Meningitis Vaccine ACYW-135 (TWO doses of meningococcal conjugate vaccination separated by at least eight weeks.)		
First dose: _____ (Date)	Vaccine Type: _____	
Second dose: _____ (Date)	Vaccine Type: _____	

**UNIVERSITY REQUIRED IMMUNIZATIONS:**

Physician or Other Health Care Provider Verification: (See other side)

Hepatitis B Vaccine	Tuberculosis Test
First dose: _____ (Date)	PPD (Mantoux) within the past 12 months (tine or monovac not acceptable)
Second dose: _____ (Date)	Date given: _____ Date read: _____
Third dose: _____ (Date)	Result: Neg _____ Pos _____ mm induration (horizontal diameter) _____
	*If PPD is positive, chest X-ray result: Normal _____ Abnormal _____
	Date: _____

**UNIVERSITY REQUIRED IMMUNIZATIONS:**

Physician or Other Health Care Provider Verification: (See other side)

COVID-19 Vaccine (Two (2) doses of COMIRNATY/Pfizer-BioNTech or Moderna or One (1) dose of Johnson & Johnson/Janssen)	
First dose: _____ (Date)	Vaccine Type: _____
Second dose: _____ (Date)	Vaccine Type: _____

PLEASE DO NOT SIGN THIS COMPLIANCE FORM UNLESS THE STUDENT HAS PROPER VACCINES OR IMMUNE TESTS.	
_____ (Signature of Physician or Other Health Care Provider)	_____ (Date)
	Please print office address or stamp here.

**READ INFORMATION ON BACK OF THIS FORM**

You will not be permitted to register until you complete this form and return to: Northwestern State University

The Graduate School, Caspari Hall, Suite 123  
310 Sam Sibley Drive | Natchitoches, LA 71497  
Telephone Numbers (318) 357-5851 or (800) 232-9892 | Fax Number (318) 357-5019 | Email: grad\_school@nsula.edu

\*To request exemptions, complete shaded sections on the back of this form.\*

