

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

Office of Admissions, Student Services Center, Suite 235  
175 Sam Sibley Drive | Natchitoches, LA 71497  
Telephone Numbers (318) 357-4078 or (800) 767-8115 | Fax Number (318) 357-4660

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

Please read the following information carefully:

Louisiana Law (R.S. 17:170.1 Schools of Higher Learning) requires all students entering Northwestern State University to be immunized for the following: Measles, Mumps & Rubella, Tetanus, Diphtheria & Pertussis and Meningitis. The following guidelines presented on the back of this form are for the purpose of implementing the requirements of Louisiana R.S. 17:170.1, and of meeting the established recommendations for control of vaccine-preventable diseases as recommended by the American Academy of Pediatrics (AAP); the Advisory Committee on Immunization Practices to the United States Public Health Service (ACIP); and the American College Health Association (ACHA). Students not meeting the immunization requirement, or submitting the request for exemption/waiver form, will be prevented from registering for subsequent semesters.

## IMMUNIZATION REQUEST FOR EXEMPTION/WAIVER FORM

REVISED 08/2021

PRINT NAME: \_\_\_\_\_

SSN/CWID# \_\_\_\_\_

- ❖ Mumps & Rubella Requirement: Two doses.
- ❖ Measles Requirement: Two doses for students born after 1956.
- ❖ Tetanus, Diphtheria & Pertussis (Td OR Tdap) Requirement: A booster dose of Td or Tdap vaccination with the previous 10 years.
- ❖ Meningitis Requirement: All students must show proof of two doses of meningococcal conjugate vaccination separated by at least eight weeks.
- ❖ COVID-19 Requirement: Two (2) doses of COMIRNATY/Pfizer-BioNTech or Moderna or One (1) dose of Johnson & Johnson/Janssen

### \*Request for Exemption – MMR & Td

\_\_\_\_\_Medical \_\_\_\_\_Personal \_\_\_\_\_Religious \_\_\_\_\_Unavailability of the Vaccine \_\_\_\_\_Other (State reason in space provided)

I fully understand that if I claim exemption for medical or personal reasons, I may be excluded from campus and from classes in the event of an outbreak of measles, mumps, or rubella 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.

X \_\_\_\_\_  
Student Signature Date Parent or Guardian Signature (if required) Date

### \*Request for Exemption – Meningococcal Vaccine (Meningitis)

#### WAIVER OF VACCINATION AND RELEASE FROM RESPONSIBILITY

BE IT KNOWN that on this date I have been fully informed by reading the Centers for Disease Control and Prevention's *Meningococcal Vaccines—What You Need to Know* Vaccine Information Statement and understand that my health could be negatively affected, and my life possibly endangered by not receiving the vaccine. The reason for my completing this waiver is (check one):

\_\_\_\_\_Medical \_\_\_\_\_Personal \_\_\_\_\_Religious \_\_\_\_\_Unavailability of the Vaccine \_\_\_\_\_Other (State reason in space provided)

I declare myself to be a person of the full age of majority and to be mentally competent. I hereby assume full responsibility for all possible present or future results or complications of my condition as a result of not receiving the vaccination.

I do further hereby now and forever free and release the University and the Department of Health and Hospitals and all its agents, attending health care professionals, and other personnel from all legal or financial responsibility as a result of not receiving the vaccination.

I certify that I have read (or have had read to me) and that I fully understand this Waiver of Vaccination and Release from Responsibility. All explanations were made to me, and all blanks completed before signing my name. I have elected to not receive the vaccination of my own free will.

X \_\_\_\_\_  
Student Signature Date Parent or Guardian Signature (if required) Date

### \*Request for Exemption – COVID-19

\_\_\_\_\_Medical \_\_\_\_\_Personal \_\_\_\_\_Religious \_\_\_\_\_Unavailability of the Vaccine \_\_\_\_\_Other (State reason in space provided)

I fully understand that if I claim exemption for medical or personal reasons, I may be excluded from campus and from classes in the event of an outbreak or until I submit proof of immunization. If I am not 18 years of age, my parent or legal guardian must sign below.

X \_\_\_\_\_  
Student Signature Date Parent or Guardian Signature (if required) Date