

**PROOF OF IMMUNIZATION COMPLIANCE**  
(Louisiana R.S. 17:170.1 Schools of Higher Learning)

**NORTHWESTERN STATE UNIVERSITY OF LOUISIANA**

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)	<b>OR</b> Serologic Test: _____ (Date)	Td: _____ (Date within 10 years)
Second dose: _____ (Date)	Result: _____ (Date)	<b>OR</b> Tdap: _____ (Date within 10 years)
	<b>OR</b> <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: _____

**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

**UNIVERSITY RECOMMENDED IMMUNIZATIONS:**

**Physician or Other Health Care Provider Verification:**

<b>Hepatitis B Vaccine</b>	<b>Tuberculosis Test</b>
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: _____

**READ INFORMATION ON BACK OF THIS FORM**

You will *not* be permitted to register until you complete this form and return to:

**TELEPHONE NUMBERS**  
(318) 357-4078  
(800) 767-8115

Northwestern State University  
Office of Admissions, Student Services Center, Suite 235  
175 Sam Sibley Drive  
Natchitoches, LA 71497

**FAX NUMBER**  
(318) 357-4660

Email completed form to [applications@nsula.edu](mailto:applications@nsula.edu)

\*To request exemptions, complete the 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 02/2016

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.

**\*Request for Exemption – MMR & Td/Tdap**

\_\_\_\_\_ Medical Reasons (Physician's Statement Required)

\_\_\_\_\_ Personal Reasons (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.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

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

Meningococcal disease is a serious disease that affects the brain and spinal cord. The disease is spread through droplet transmission from the nose or throat, such as sneezing or coughing, and direct contact with oral secretions of an infected individual. This includes such things as kissing, sharing drinks, food, utensils, cigarettes, lip balm or any object that has been in someone else's mouth. Because meningitis is a grave illness and can rapidly progress to death, it requires early diagnosis and treatment. This is often difficult because the symptoms closely resemble those of the flu and the highest incidence of meningitis occurs during late winter and early spring (flu-season). When not fatal, meningitis can lead to permanent disabilities such as hearing loss, brain damage, or loss of limbs.

The U.S. Centers for Disease Control and Prevention (CDC) and the American College Health Association (ACHA) recommend that college students, particularly freshmen living in dormitories, are at a greater risk for meningitis than the general population. Behavior and social aspects of college lifestyle activities such as living in dormitories, bar patronage, smoking, and irregular sleep habits put these students at greater risk.

Two meningococcal vaccines are available in the US-Menomune® (MPSV4) and Menaactra™ (MCV4). The vaccinations are effective against 4 of the 5 most common bacterial types that cause 70% of the disease in the U.S. (but does not protect against all types of meningitis-DOES NOT COVER Group B serotype). Vaccinations take 7 – 10 days to become effective, with possible protection lasting 3 – 5 years. As with any vaccine, vaccination may not protect 100% of all susceptible individuals.

Who should not get the vaccine: People who have had Guillain-Barre Syndrome; Over 55 years old; Pregnant or suspect that you may be; Allergic to thimerosal, a substance found in several vaccines; Have an acute illness, with fever (101° or higher).

Reactions to the vaccine may include pain, redness, and induration at the site of injection, headache, fatigue, and malaise. The vaccine is contraindicated in persons with known hypersensitivity to any component of the vaccine or to latex, which is used in the vial stopper. Because of the risk of injection site hemorrhage, the vaccine should not be given to persons with any bleeding disorder or to persons on anticoagulant therapy unless the potential benefit clearly outweighs the risk of administration. A few cases of Guillain-Barre Syndrome, a serious nervous system disorder, have been reported among people who received the vaccine. As with any vaccine, there is a possibility of an allergic reaction. Vaccination is available at University Health Services (limited supply), private physician offices, and Health Units. Cost of vaccine varies.

**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):

\_\_\_ Personal

\_\_\_ Medical (Physician's Statement Required)

\_\_\_ Religious

\_\_\_ Unavailability of the Vaccine (Physician's Statement Required)

I declare myself to be a person of the full age of majority and to be mentally competent. I hereby assume full responsibility for any and 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 any and 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.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Signature of Parent or Guardian (if required)

\_\_\_\_\_  
Date