



THE UNIVERSITY *of*
NEW ORLEANS

DIVISION OF INTERNATIONAL EDUCATION

Proof of Immunization Compliance for UNO Study Abroad Programs

UNO's Campus Student Health Services is requiring **all guest students** studying abroad with the University of New Orleans to complete the Proof of Immunization Compliance.

UNO Students studying abroad also need to submit a copy of their Proof of Immunization Compliance form to the UNO Division of International Education.

Please complete the first section "Student Information." If you don't know your UNO Student Number, just leave that line blank.

A physician or other health care provider needs to complete the remainder of the form. Otherwise, you can also attach a Universal Certification of Immunizations from your physician or your home institution's health services department.

Please return the completed form and any attachments to the UNO-Innsbruck office at the address below. A scanned and emailed version is preferred.

**UNO International Summer School
International Center, Rm. 128
University of New Orleans
2000 Lakeshore Drive
New Orleans, LA 70148**

Fax: 504-280-6447

innsbruck@uno.edu



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

Return this completed form to 248 University Center
Telephone: (504) 280-6222, Fax: 504-280-3975; Email: healthservices@uno.edu

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 UNIVERSIAL 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 Quadrivalent vaccine (A,C,Y,W-135)

If the first dose is administered AFTER age 16, a second dose is NOT required.

Date: _____

Vaccine type: _____ Date: _____ Vaccine type: _____

COVID-19 Vaccine (Circle or Write in Manufacturer)

Pfizer or Moderna Date of Dose #1 _____ Date of Dose #2 _____

Johnson and Johnson Date of Dose _____

Other (_____) Date of Dose #1 _____ Date of Dose #2 _____

(Signature of Physician or other Health Care Provider)

Date

Exemption Declaration: (select one)

1. Medical (Physician's statement required)

2. Personal/Philosophical (state reason)

Pursuant to Louisiana R.S. § 17:170: In the event of an outbreak of a vaccine-preventable disease at The University of New Orleans, the administrators are empowered, upon the recommendation of the Office of Public Health, to exclude from attendance unimmunized students until the appropriate disease incubation period has expired or the unimmunized person presents evidence of immunization. If I am not 18 years of age, my parent or legal guardian must sign below.

(Student's Signature)

(Date)

(Parent or Guardian Signature)

(Date)

For students under 18 years old.