



**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.