

**McNeese State University**  
**Proof of Immunization Compliance**

**LG**  
**Entered**

**LS**

**TC**

**Received**

**NOTE:** All students who are attending McNeese for the first time must complete and return this form (Louisiana R.S. 17:170 and R.S. 17:170.1 Schools of Higher Learning.) Do not send original immunization records.

Copies of records that have been validated are acceptable. Your high school, private physician, or local public health clinic may be able to assist you in locating your immunization records. McNeese State University requests that students do not send their original immunization records. The University cannot be responsible for maintaining permanent immunization records.

**Instructions**

1. Complete the student section.
2. Have your physician or health care provider complete the immunizations section or attach a copy of your immunization records.
3. In the event that records cannot be provided for the measles, mumps, rubella, diphtheria, tetanus immunization requirement, and/or the meningitis vaccination requirement, complete the waiver section on the back of the form.

**Student Information**

MSU ID or Social Security Number	Last Name	First	Middle	Other/Maiden
Birthdate (mm/dd/yyyy)	Area Code/Phone		Email Address	
Indicate semester and year that you are applying for admission: <input type="checkbox"/> Fall (August) _____(yyyy) <input type="checkbox"/> Spring (January) _____(yyyy) <input type="checkbox"/> Summer (June/July) _____(yyyy)				
Address (Number, Street, Apt #)		City	Parish/County	State    Zip

**Immunizations - Physician or Other Health Care Provider Verification**

Dates of Immunization:

DTP/Td						
1st	2nd	3rd	B	B	B	B
MMR						
1st				2nd		
Measles (Rubeola)						
Date of Disease:				Serologic Test:		
Mumps						
Date of Disease:				Serologic Test:		
Rubella						
Date of Disease:				Serologic Test:		
Meningococcal (Meningitis)						
Menomune (MPSV4): Date of Immunization:				Menactra (MCV4): Date of Immunization:		

**Certifying Official**

Name:

Address:

Area Code/Phone:

**X**

\_\_\_\_\_  
 (Signature of Physician or Health Care Provider)

**See Reverse Side for Important Information and Waiver**

**Waiver of Vaccination and Release from Responsibility \*If under 18, parent/guardian must also sign.**

**Waiver of Vaccination (Measles, Mumps, Rubella, Diphtheria, Tetanus)**

I request an exemption from the immunization requirement for one or more of the listed diseases (measles, mumps, rubella, diphtheria, tetanus). The reason for my requesting the waiver is (check one):

Personal  Medical  Religious State reason: \_\_\_\_\_

I understand that I may be required to leave campus and be excluded from classes in the event of an outbreak of any of the listed diseases until the outbreak is over or until I submit proof of immunization.

\_\_\_\_\_  
Signature of Student Date Signature of Parent/Guardian (if required) Date

**Waiver of Vaccination (Meningitis)**

BE IT KNOWN that on this date I have read and been fully informed by the Centers for Disease Control and Prevention's Vaccine Information Statement: **Meningococcal Vaccines—What You Need to Know**, available at [www.mcneese.edu/meningitis](http://www.mcneese.edu/meningitis) or [www.cdc.gov](http://www.cdc.gov). I 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  Religious  Unavailability of the Vaccine Reason: \_\_\_\_\_

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 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, of my own free will, not to receive the vaccination.

I understand that I may be required to leave campus and be excluded from classes in the event of an outbreak of any of the listed diseases until the outbreak is over or until I submit proof of immunization.

\_\_\_\_\_  
Signature of Student Date Signature of Parent/Guardian (if required) Date

**Other Medical**

Known medical issues, allergies, or disabilities (This information will be used in case of an emergency.)

Read statement and sign for acknowledgement and permission.

If an ambulance is necessary, 911 and your emergency contact will be called. Medical personnel will transport you to a local hospital. The above medical information will be provided to emergency personnel in the event of an emergency. You are responsible for all fees incurred in case of an emergency, including any service requested for or by you to ensure appropriate medical care. I agree to the above emergency plan.

\_\_\_\_\_  
Signature of Student Date Signature of Parent/Guardian (if required) Date

**Physician or Other Medical Provider**

*(Please do not sign this compliance form unless the student has proper vaccines or immune tests.)*

The following guidance is presented for the purpose of implementing the requirements of Louisiana R.S. 17:170 and 17:170.1 and of meeting the established recommendations for control of vaccine-preventable diseases as recommended by the American Academy of Pediatrics, the Advisory Committee on Immunization Practices to the U.S. Public Health Service, and the American College Health Association.

**Requirement:** Two doses of measles vaccine; at least one dose each of rubella and mumps vaccine, a tetanus diphtheria booster; and one dose of meningococcal vaccine. **Note:** In most cases, student compliance will require a second dose of measles vaccine (preferably as MMR) and a dose of tetanus-diphtheria (Td, Adult type).

**Measles requirement:** Two doses of live vaccine given at any age, except that the vaccine must have been given on or after the first birthday, in 1968 or later, and without Immune Globulin. A second dose of measles vaccine must meet this same requirement, but should not have been given within 30 days of the first dose. A history of physician-diagnosed measles is acceptable for establishing immunity, but should be accepted with caution unless you were the diagnosing physician.

**Tetanus-Diphtheria requirement:** A booster dose of vaccine given within the past 10 years. Students can be considered to have completed a primary series earlier in life, unless they state otherwise.

**Meningococcal (Meningitis) requirement:** One dose - preferably at entry into college.

In cases where no records can be located or especially when immunization in the past is doubtful, two doses of MMR separated by a minimum of 30 days may be indicated. Evidence of vaccination or immunity against measles, rubella, mumps, tetanus, and diphtheria can be established by either reviewing a previous written record of vaccination or administering vaccine now. Serologic testing is acceptable evidence of immunity, but should not be routinely performed unless specifically requested by the patient, and if testing is appropriate or available. Practically speaking, immunization is preferable to serologic testing because of the relative costs and time. In all instances when vaccine administration is considered, MMR (measles, mumps, and rubella vaccine, live) and tetanus-diphtheria toxoid (Td, Adult type) are the products of choice for use in adults unless a specific contraindication is present.