

PROOF OF IMMUNIZATION COMPLIANCE
(Louisiana R.S. 17:170 Schools of Higher Learning)

NICHOLLS
STATE UNIVERSITY

ID 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:

M-M-R (Measles, Mumps, Rubella-2 Doses required)		Tetanus-Diphtheria (Td) or (Tdap)
First dose: _____ (Date)	OR Serologic Test: _____ (Date) Result: _____ <input type="checkbox"/> Born before 1956	Last dose: _____ (Date within 10 years)
Second dose: _____ (Date)		Vaccine Type: _____
Meningococcal Vaccine (Two (2) doses OR one (1) dose, if first dose was given on or after age 16)		
Quadrivalent vaccine (A, C, Y, W-135) First Dose: _____ Second Dose: _____		
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:

Hepatitis B Vaccine	Varicella Vaccine
First dose: _____ (Date) OR	First dose: _____ (Date)
Second dose: _____ (Date) Serologic Test: _____	Second dose: _____ (Date)
Third dose: _____ (Date) Result: _____	OR
	Serologic Test: _____ Result: _____
Tuberculosis Test	
PPD (Mantoux) within the past 12 months (tine or monovac not acceptable)	
Date given: _____ Date read: _____ Result: Neg <input type="checkbox"/> Pos <input type="checkbox"/> mm induration _____	
*If PPD is positive, chest X-ray result: Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Date: _____	

SEE REVERSE SIDE FOR IMPORTANT INFORMATION AND WAIVERS

You will **not** be permitted to register until we have proof of all required immunizations. Please submit to:
Nicholls State University • University Health Services • P.O. Box 2054 • Thibodaux, LA 70310
(985) 493-2600 PHONE • (985) 493-2601 FAX • healthservices@nicholls.edu • Betsy Cheramie Ayo Hall

Please read the following information carefully:

Louisiana Law (R.S. 17:170.1/Schools of Higher Learning) requires all students entering Nicholls State University to be immunized for the following: Measles (2 Doses), Mumps, Rubella—required for those born on or after January 1, 1957; Tetanus-Diphtheria (within the past 10 years); and against Meningococcal disease (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 these requirements will be prevented from registering for subsequent semesters. Student's registration will not be complete until they have complied with the meningococcal vaccination requirement.

Name: _____
Please Print (Last) (First)

ID Number: _____

REQUIREMENT:

Measles requirement: Two (2) 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.

Mumps and Rubella requirement: All students must show proof of vaccination against mumps and rubella.

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

Meningitis Requirement: Two (2) doses of meningococcal conjugate vaccination separated by at least eight weeks.

Request for Exemption—MMR & Td

_____ 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.

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-Barré 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°F 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-Barré 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.

The vaccination is available at University Health Services (limited supply), private physician offices, and Health Units. Cost of vaccine varies.

_____ Medical Reasons (Physician's Statement Required)

_____ Personal Reasons (State reason in space provided)

I have read the above information and am aware of my personal risk for meningitis and have **chosen to sign this exemption from the meningococcal immunization requirement**. I understand that this puts me at greater risk of acquiring meningitis and Nicholls State University, its Board of Trustees, and all of their agents are released from any liability should I contract meningitis while I am enrolled. If I am not 18 years of age, my parent or legal guardian must sign below.

Student Signature

Date

Parent or Guardian Signature

Date