

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

NICHOLLS
STATE UNIVERSITY

Nicholls 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:

<p>M-M-R (Measles, Mumps, Rubella-2 Doses required)</p> <p>First dose: _____ (Date)</p> <p>Second dose: _____ (Date)</p> <p>OR</p> <p>Serologic Test: _____ (Date)</p> <p>Result: _____ (Must provide copy of results)</p>	<p>Tetanus-Diphtheria (Td) or (Tdap)</p> <p>Last dose: _____ (Date within 10 years)</p> <p>Vaccine Type: _____</p>
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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: _____ Vaccine Type: _____

COVID-19 Vaccine (Two (2) doses of WHO and FDA approved COVID-19 2-dose vaccine or (1) dose of the single dose vaccination.)

First Dose: _____ Second Dose: _____ 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:

Hepatitis B Vaccine

First Dose: _____ Second Dose: _____ Third Dose: _____

OR Serologic Test: _____ Result: _____ (Must provide copy of results)

Varicella Vaccine

First Dose: _____ Second Dose: _____

OR Serologic Test: _____ Result: _____ (Must provide copy of results)

Tuberculosis Test (PPD (Mantoux) within the past 12 months (tine or monovac not acceptable))

Date given: _____ Date read: _____ Result: Neg Pos mm induration _____

*If PPD is positive, chest X-ray result: Normal Abnormal 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: **Mail:** University Health Services • P.O. Box 2054 • Thibodaux, LA 70310
Fax: (985) 493-2601 • **Email:** healthservices@nicholls.edu • **Drop off:** Betsy Cheramie Ayo Hall

To request exemptions, complete all shaded areas on the second page of this form.

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, Mumps, Rubella, Tetanus-Diphtheria, Meningococcal disease (Meningitis), and COVID-19. 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). Student's registration will not be complete until they meet these requirements.

Name: _____
Please Print (Last) (First)

ID Number: _____

IMMUNIZATION REQUEST FOR EXEMPTION DECLARATION/WAIVER FORM

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.

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.

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

COVID-19 Requirement: (2) doses of WHO and FDA approved COVID-19 2-dose vaccine or (1) dose of the single dose vaccination.

Request for Exemption—Measles, Mumps, Rubella and Td/Tdap Vaccine

Medical
Physician's statement required.

Religious
Statement required below.

Philosophical
Statement required below.

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)

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):

Medical
Physician's statement required.

Religious
Statement required below.

Philosophical
Statement required below.

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

Request for Exemption—COVID-19 Vaccination

Pursuant to Louisiana R.S. 17:170: In the event of an outbreak of a vaccine-preventable disease at Nicholls State University, the administrators are empowered, upon the recommendations 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.

Medical
Physician's statement required.

Religious
Statement required below.

Philosophical
Statement required below.

By signing below, I understand that if I claim exemption for medical, religious, or philosophical reasons, I may be excluded from campus and from classes in the event of an outbreak of COVID-19 until the outbreak is over or until I submit proof of immunizations. I understand that if I decline the required vaccinations, I continue to be at risk for serious disease. I can always receive the vaccine(s) at any time. I have read and understand the vaccine information from the Centers for Disease Control and Prevention and understand risks and responsibilities in exempting/waiving the required immunizations. Nicholls State University, its Board of Trustees, and all of their agents are released from any liability should I contract COVID-19 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