



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

STUDENT INFORMATION Please print.

Nicholls ID Number: _____ Date of Birth: Month _____ Date _____ Year _____

Name: _____
 (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) <i>Two (2) Doses required</i></p> <p>First dose: _____ (Date)</p> <p>Second dose: _____ (Date)</p> <p>OR Serologic Test Date: _____ Result: _____ (Must provide copy of results)</p> <p>OR <input type="radio"/> Born before 1956</p>	<p>Tetanus-Diphtheria (Td or Tdap) <i>One (1) Dose required within 10 years</i></p> <p>Last dose: _____ (Date)</p> <p>Vaccine Type: _____</p>
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Meningococcal Vaccine Quadrivalent vaccine (A, C, Y, W-135)
Two (2) doses OR one (1) dose, if first dose was given on or after age 16)

First Dose: _____ Second Dose: _____ Vaccine Type: _____

<p>PLEASE DO NOT SIGN THIS COMPLIANCE FORM UNLESS THE STUDENT HAS PROPER VACCINES OR IMMUNE TESTS.</p> <p>_____ (Signature of Physician or Other Health Care Provider) Date _____</p>	<p>Please print office address or stamp here</p>
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UNIVERSITY RECOMMENDED IMMUNIZATIONS: Physician or Other Health Care Provider Verification:

<p>Hepatitis B Vaccine</p> <p>First Dose: _____</p> <p>Second Dose: _____</p> <p>Third Dose: _____</p> <p>OR Serologic Test: _____</p> <p>Result: _____ (Must provide copy of results)</p>	<p>COVID-19 Vaccine <i>(Two (2) doses of Moderna or Pfizer vaccine, or (1) dose of the single dose vaccination)</i></p> <p>First Dose: _____ Type: _____</p> <p>Second Dose: _____ Type: _____</p> <p>Booster: _____ Type: _____</p> <p>Second Booster: _____ Type: _____</p>
<p>Varicella Vaccine</p> <p>First Dose: _____</p> <p>Second Dose: _____</p> <p>OR Serologic Test: _____</p> <p>Result: _____ (Must provide copy of results)</p>	<p>Tuberculosis Test <i>PPD (Mantoux) within the past 12 months (tine or monovac not accepted)</i></p> <p>Date given: _____</p> <p>Date read: _____ Result: Neg Pos</p> <p>*If PPD is positive, chest X-ray result: Normal <input type="checkbox"/> Abnormal <input type="checkbox"/></p> <p>Date: _____</p>

SEE REVERSE SIDE FOR IMPORTANT INFORMATION AND WAIVERS
 You will **not** be permitted to register until we have proof of all required immunizations.

University Health Services • Betsy Cheramie Ayo Hall • P.O. Box 2054 • Thibodaux, LA 70310
 Fax: (985) 493-2601 • Email: healthservices@nicholls.edu • Upload to Patient Portal at nicholls.medicatconnect.com

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

Name: _____
(Last) (First)

ID Number: _____

IMMUNIZATION REQUEST FOR EXEMPTION DECLARATION/WAIVER 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 (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.

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.

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