Dear New/Re-Entering UNO Student:

On behalf of the staff of Student Health Services, welcome to the University of New Orleans.

As a new or re-entering student, you are subject to a State legislated pre-matriculation immunization statute which requires that you provide UNO with your immunization status regarding Measles, Mumps, Rubella, Tetanus-Diphtheria (Td) or Tetanus Toxoid reduced diphtheria acellular pertussis (Tdap); in addition two Meningococcal immunizations are required. The Proof of Immunization Compliance is on the other side of this sheet.

The following is a summary of the guidelines of the Louisiana State Health Department:

1. Tetanus-Diphtheria (Td) or Tetanus Toxoid reduced diphtheria acellular pertussis (Tdap) immunization within the last ten years.
2. If you were born on or after January 1, 1957, two measles-mumps-rubella immunizations are needed.
   2.1 The first of these immunizations must be given after 1967, after your first birthday, and given without gamma globulin. The second must be given at least 30 days later.
   2.2 If you had the disease, one of two proofs is necessary:
   2.2.1 A blood test, called a titer, which shows immunity to the disease.
   2.2.2 The signature of the physician who attended you when you were ill with the disease.
3. If you were born before 1957, there is no measles-mumps-rubella requirement.
4. If you were born before 1957, the diphtheria-tetanus requirement still applies.
5. All students must show proof of two doses of Meningococcal Conjugate vaccination separated by at least eight weeks. See link for more information. http://www.uno.edu/student-health/meningitis-information.aspx
6. Please have the compliance form completed and returned prior to registration. Failure to do so will result in your registration being delayed or denied. The information may be faxed, mailed, or returned in person.
7. A website for an immunization waiver can be found at waiver.uno.edu. Login with your UNO username and password.

We look forward to serving you while you are at UNO. Please stop by and say hello.

Cordially yours,

Betty Lo, M.D.
Medical Director, Student Health Services
# PROOF OF IMMUNIZATION COMPLIANCE

(LOUISIANA R.S. 17:170 SCHOOL OF HIGHER LEARNING)

Return this completed form to: University of New Orleans; Student Health Services  
238 University Center, New Orleans, LA 70148.  
Telephone: (504) 280-6387, Fax: 504-280-5405, Web: http://www.uno.edu/student-health/

## 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 UNIVERSAL 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**  
(Two Doses)  
Date: ____________  
Vaccine type: ________________  
(Minimum interval is eight weeks)  
Date: ____________  
Vaccine type: ________________

___________________________________________________________  
(Signature of Physician or other Health Care Provider)  
___________________________________________________________  
Date

____________________ (____)____________________  
Address  
____________________ Office Telephone

## REQUEST FOR EXEMPTION:

If you request exemption for medical or personal reasons, please check the appropriate blank and provide the information requested.

1. Medical Reasons: __________ (Physician’s statement – use space below.)
2. Personal Reasons: __________ (State reason in space provided.)

____________________________________________________________________________________

I understand that if I claim exemption for personal or medical reasons, I may be excluded from campus and from classes in the event of an outbreak of measles, mumps, rubella or meningitis 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.

I do further hereby, now and forever, free and release the University of New Orleans Student Health Services and its agents, attending health professionals, and other personnel from any and all legal and financial responsibility as a result of this refusal.

___________________________  
(Student’s Signature)  
(Date)  
(Parent or Guardian Signature)  
(Date)

For students under 18 years old.