



THE UNIVERSITY *of*
NEW ORLEANS

DIVISION OF INTERNATIONAL EDUCATION

Proof of Immunization Compliance for UNO Study Abroad Programs

UNO's Campus Student Health Services is requiring **all guest students** studying abroad with the University of New Orleans to complete the Proof of Immunization Compliance.

UNO Students studying abroad also need to submit a copy of their Proof of Immunization Compliance form to the UNO Division of International Education.

Please complete the first section "Student Information." If you don't know your UNO Student Number, just leave that line blank.

A physician or other health care provider needs to complete the remainder of the form. Otherwise, you can also attach a Universal Certification of Immunizations form from your Primary Care Physician or your home institution's health services department.

Please return the completed form and any attachments to the UNO-Japan office at the address or email below. A scanned and emailed version is preferred.

UNO-Japan: Study at Doshisha University
International Center, Rm. 124
University of New Orleans
2000 Lakeshore Drive
New Orleans, LA 70148

UNOJapan@uno.edu



**PROOF OF IMMUNIZATION COMPLIANCE
(LOUISIANA R.S. 17:170 SCHOOL OF HIGHER LEARNING)**

Return this completed form to 248 University Center
Telephone: (504) 280-6222, Fax: 504-280-3975: Email:healthservices@uno.edu

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 UNIVERSIAL 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.