



THE UNIVERSITY *of* NEW ORLEANS

Office of Student Affairs

Dear UNO Student:

As a new or re-entering student, you are subject to a State legislated pre-matriculation immunization statute that requires you to provide UNO with your immunization status regarding Measles, Mumps, Rubella, Tetanus-Diphtheria (Td) **or Tetanus Toxoid reduced diphtheria acellular pertussis (Tdap), Meningococcal and COVID-19.** The **Proof of Immunization Compliance** form is included.

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

- **Tetanus-Diphtheria (Td) or Tetanus Toxoid reduced diphtheria acellular pertussis (Tdap) immunization within the last ten years.**
- If you were born on or after January 1, 1957, two **measles-mumps-rubella** immunizations are needed.
 - 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.
 - If you had the disease, one of two proofs is necessary:
 - A blood test, called a titer, which shows immunity to the disease.
 - The signature of the physician who attended to you when you were ill with the disease.
- If you were born before 1957, there is no **measles-mumps-rubella** requirement.
- If you were born before 1957, the **diphtheria-tetanus** requirement still applies.
- All students must show proof of two doses of Meningococcal Conjugate vaccination separated by at least eight weeks. If the first dose is administered AFTER age 16, a second dose is NOT required.
- Please have the compliance form **completed** and **returned prior to registration. Failure to do so will result in your registration being delayed.** Please fax, email, mail or return the information to the Office of Student Affairs. (Fax: 504.280.3975, Email: healthservices@uno.edu).
- Waivers for immunizations: **waiver.uno.edu**. UNO username and password required.

We look forward to serving you while you are at UNO.



**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 Quadrivalent vaccine (A,C,Y,W-135)

If the first dose is administered AFTER age 16, a second dose is NOT required.

Date: _____

Vaccine type: _____

Date: _____

Vaccine type: _____

COVID-19 Vaccine

Pfizer or Moderna Date of Dose #1 _____ Date of Dose #2 _____

Johnson and Johnson Date of Dose _____

(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, meningitis or CV-19 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 Campus 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.