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) and Meningococcal. The CDC recommends vaccination against COVID-19 and influenza in accordance with their respective schedules. 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).
- Exemption Declarations: Visit waiver.uno.edu. UNO username and password required.

We look forward to serving you while you are at UNO.
PROOF OF IMMUNIZATION COMPLIANCE

(Student Information (please print))

Name: _____________________________________________________________

(First) (Last) (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 Quadivalent 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: ____________________________

______________________________________________________________

(Signature of Physician or other Health Care Provider)  Date

______________________________________________________________  (____) ______________

Address ____________________________  Office Telephone

REQUEST FOR EXEMPTIION:

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.)

______________________________________________________________

Pursuant to Louisiana R.S.17:170: In the event of an outbreak of a vaccine-preventable disease at the University of New Orleans, the administrators are empowered, upon the recommendation 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. If I am not 18 years of age, my parent or legal guardian must sign below.

______________________________________________________________  (Date)

(Student's Signature)  (Parent or Guardian Signature)

For students under 18 years old.