

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) 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.
  - o 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.
  - o 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 (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 prin Name:	•		
(Last)	(First)		(Middle Initial)
• •	* .	esired enrollment:	
Date of Birth: Month			
Telephone number:		, , , , ,	
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ATTACHED.	WAS NEGATION ASSISTED	ATION OR UNIVERSIAL CERTIFICATE OF I	MIMONIZATIONS
MMR (Measles, Mumps, Rubella	a)		
(Two Doses Required)	~;		
Date of 1st dose			
Date of 2nd dose			
	OR		
Date of Disease:S			
Tetanus-Diphtheria (TD) or Tetar		theria acellular pertussis (Tdap)	
(One Dose required within 10 ye			
	Tdap:		
Meningococcal Vaccine Quadriva			
If the first dose is administered AFTER.	age 16, a second dose is NOT	required.	
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Date:			
Vaccine type:			
Vaccine type:			
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(Signature of Physician or other I	health Care Provider)	Date	
		( )	
Address		Office Telephone	
REQUEST FOR EXEMPTION:			
If you request exemption for medica	il or personal reasons, plea	se check the appropriate blank and provide t	he information requested.
1. Medical Reasons: (P	nysician's statement – use :	space below.)	
2: Personal Reasons: (S	tate reason in space provid	(ed.)	
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Pursuant to Louisiana R.S.17:170: in	the event of an outbreak	of a vaccine-preventable disease at the Univ	ersity of New Orleans, the
administrators are empowered, upo	on the recommendation of	the Office of Public Health, to exclude from xpired or the unimmunized person presents	attendance unimmunized
l am not 18 years of age, my parent			evidence of infinitualization.
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(Student's Signature)	(Date)	(Parent or Guatdian Signature) For students under 18 years old.	(Date)
		roi students unidel 16 years old.	