

PROOF OF IMMUNIZATION COMPLIANCE
(Louisiana R.S. 17:170 Schools of Higher Learning)

(PLEASE PRINT)

Name: _____
 (Last) _____ (First) _____ (M) _____

SS#: _____ Date of Birth: Month _____ Day _____ Year _____

This section must be completed by a physician or health care provider. We accept immunization records from Louisiana Links.

| VACCINE | IMMUNIZATION DATE MM/DD/YY | IMMUNIZATION DATE MM/DD/YY | IMMUNIZATION DATE MM/DD/YY | DATE OF POSITIVE LAB/SEROLOGIC EVIDENCE (results must be attached) |
|--|-------------------------------|-------------------------------|-------------------------------|---|
| MMR (2 doses required) Measles, Mumps, Rubella | | | | |
| Measles (Two doses required) | | | | |
| Mumps (Two doses required) | | | | |
| Rubella (Two doses required) | | | | |
| Tetanus-Diphtheria required (TD or Tdap) | | | | |
| Meningococcal required | | | | |
| COVID-19 required (Indicate Pfizer, Moderna, or J&J) | | | | |
| Hepatitis B (required for clinical students) | | | | |
| Varicella recommended | | | | |

Date: _____

(Signature of Physician or Other Health Care Provider)

REQUEST FOR EXEMPTION/WAIVER: To request exemption from any vaccine for a medical, religious or personal reason, please check the appropriate blank and provide the information requested. (Hepatitis B is required for clinical students without medical contraindications.)

INDICATE WHICH VACCINE YOU WISH TO WAIVE _____ *Please be advised that not being vaccinated could affect your clinical placement and delay your program progression and graduation.*

1. Medical reasons: _____ (Signed physician's statement – use space below)
2. Religious reasons: _____ (Signed statement from faith leader – use space below)
3. Personal reasons: _____ (State reason in space provided)

I understand that if I claim exemption, I may be excluded from campus and from classes in the event of an outbreak of communicable disease 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.

(Student's Signature)

(Date)

(Parent or Guardian, if required)

(Date)

Franciscan Missionaries of Our Lady University IMMUNIZATION POLICY

In compliance with state law (Louisiana R.S. 17:170 Schools of Higher Learning), Franciscan Missionaries of Our Lady University has adopted an immunization policy to protect the students, faculty, and staff from outbreaks of specific communicable diseases. The policy applies to every applicant to every program at the University and for returning students after an absence of one semester or more.

At the time of registration all students born after 1956 must show proof of measles, mumps and rubella (MMR) immunizations. Immunization against Tetanus-diphtheria is required of all students regardless of age. In addition, students must furnish proof of immunization against meningitis and COVID-19.

Students will **not** be allowed to complete registration unless they have furnished proof to the University that they have satisfied the immunization requirement. That requirement can be met either by furnishing proof of immunity or by signing a waiver claiming exemption from the immunization policy. These options are described below.

Proof of Immunization.

- 1) If you were born after 1956, you must furnish proof of immunity to measles, mumps, rubella (MMR) by providing:
 - a. Either proof of TWO immunizations for measles since birth or ONE immunization for measles at age 15 or later;
 - b. at least ONE immunization for mumps and ONE for rubella;
- 2) All students must furnish proof of one tetanus/diphtheria (T/D or TDAP) immunization within the last 10 years.
- 3) Meningitis Vaccine within the last 10 years or a meningitis waiver.*Meningitis vaccine is mandatory for Physician's Assistant and Medical Laboratory Science students.
- 4) All FranU students who will be on campus for ANY reason are required to be vaccinated with one of the following COVID-19 vaccines: Pfizer, Moderna, or Johnson and Johnson.

Your proof of immunizations must be a record from a physician, public health clinic, or other health care provider indicating:

1. the name and dates of immunization or
2. the date and results of a serologic test proving immunity.

Waiver from Immunization Requirement. You must indicate which vaccine you wish to waive. If you have a medical reason for not being immunized, you must submit evidence from your physician for review. If you have a religious reason for not being immunized, you must submit a statement from your faith leader for review. You may also claim exemption for personal reasons by submitting a statement for review. If you are not 18 years of age, a request for exemption must be signed by a parent or legal guardian. Persons who sign a waiver will be permitted to complete the registration process. If you claim exemption from any immunization requirement for medical, personal, or religious reasons, the University will require you to leave the campus and will exclude you from class in the event of an outbreak of the communicable disease indicated in your exemption request. You will not be permitted back on campus or in class until the outbreak is over or until you submit proof of adequate immunization. ***Please be advised that not being vaccinated could affect your clinical placement and delay your program progression and graduation.***

Please see the Student Health page of the University website for Frequently Asked Questions about immunization compliance.