

# Proof of Immunization Compliance

## Instructions:

The UNO Student Health Services is requiring **all guest students** studying abroad with the University of New Orleans to complete the Proof of Immunization Compliance. All currently enrolled UNO degree seeking students should already have completed this form and are not required to do it again for this study abroad program.

There are three sections to this form.

**Section 1:** “Student Information” – Please complete this section.

- “Student Number:” You can leave this blank since you do not yet have your UNO ID number.

**Section 2:** “Physician or Other Health Care Provider Verification” – This section is to be completed by your physician or you can submit your certificate of immunizations.

**Section 3:** “Request for Exemption” – Complete this section if you would like to request exemption for medical or personal reasons. Remember to state your reason on the form or on an attached page. Don’t forget to sign and date the form!

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**NOTE:** Return the attached Proof of Immunization Compliance to Irene Ziegler via mail, fax (*with cover sheet*) or scanned/emailed pdf.

**Academic Year Abroad in Innsbruck  
International Center, Rm. 128  
University of New Orleans  
2000 Lakeshore Drive  
New Orleans, LA 70148  
Fax: 504-280-6447  
[aya@uno.edu](mailto:aya@uno.edu)**





# 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)** and **Meningococcal**. 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 or denied**. Please fax, email, mail or return the information to the Office of Student Affairs. (Fax: 504.280.3975, Email: [healthservices@uno.edu](mailto:healthservices@uno.edu).)
- Waivers for immunizations: **waiver.uno.edu** Login with your UNO username and password.

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



THE UNIVERSITY of  
NEW ORLEANS

**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: \_\_\_\_\_

\_\_\_\_\_  
(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 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.