

**STUDENT SECTION**

**NAME:** \_\_\_\_\_  
Last Name First Name Middle Maiden

**IDENTIFICATION:** CWID/SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Month/Date/Year

**ADDRESS:** \_\_\_\_\_  
Street or PO Box  
\_\_\_\_\_  
City State ZIP Code

**PHYSICIAN/HEALTH CARE PROVIDER SECTION**

**UNIVERSITY REQUIRED IMMUNIZATIONS**

**M-M-R (Measles, Mumps, Rubella) 2 Doses Required**

First Dose: \_\_\_\_\_ Date Second Dose: \_\_\_\_\_ Date

**Tetanus-Diphtheria (Td)**

Most Recent Dose: \_\_\_\_\_ (Date MUST be within 10 years to be considered valid)

**Meningococcal Vaccine (One dose – preferably at entry into college)**

Quadrivalent vaccine (A,C,Y, W-135) \_\_\_\_\_  
Date Vaccine Type

**PHYSICIAN CERTIFICATION**

PLEASE DO NOT SIGN THIS COMPLIANCE FORM UNLESS THE STUDENT HAS PROPER VACCINES OR IMMUNE TESTS

Signature of Physician or Other Health Care Provider	Please print office address or stamp here
Date	

**UNIVERSITY RECOMMENDED IMMUNIZATIONS**

**Hepatitis B Vaccine** First Dose: \_\_\_\_\_ Date Second Dose: \_\_\_\_\_ Date Third Dose: \_\_\_\_\_ Date

**Tuberculosis Test**

PPD (Mantoux) within the past 12 months (tine or monovac not acceptable)

Date Given: \_\_\_\_\_ Date Read: \_\_\_\_\_

Results: Negative: \_\_\_\_\_ \*Positive: \_\_\_\_\_

mm induration (horizontal diameter): \_\_\_\_\_

\*If PPD is positive, chest X-ray result:

Date: \_\_\_\_\_ Normal: \_\_\_\_\_ Abnormal: \_\_\_\_\_

**READ INFORMATION ON BACK OF THIS FORM**

You will *not* be permitted to register until you complete this form and return to:  
Northwestern State University • Office of Admissions, Roy Hall Suite 209 • Natchitoches, LA 71497  
Phone: (318)357-4078 • Fax: (318)357-4660 • Toll-Free: (800)767-8115

\*To request exemptions, complete the highlighted sections on the back of this form\*

**Please read the following information carefully:**

Louisiana Law (R.S. 17:170.1 Schools of Higher Learning) requires all students entering Northwestern State University to be immunized for the following: Measles (2 doses), Mumps, Rubella—required for those born on or after January 1, 1957; Tetanus-Diphtheria (within the past 10 years); and against Meningococcal disease (Meningitis). The following guidelines presented on the back of this form are for the purpose of implementing the requirements of Louisiana R.S. 17:170.1, and of meeting the established recommendations for control of vaccine-preventable diseases as recommended by the American Academy of Pediatrics (AAP); the Advisory Committee on Immunization Practices to the United States Public Health Service (ACIP); and the American College Health Association (ACHA). Students not meeting the MMR & TD requirement will be prevented from registering for subsequent semesters.

Requirements:

PRINT NAME:

CWID/SSN:

**TWO (2) doses of measles vaccine; at least one (1) dose each of rubella and mumps vaccine; and a tetanus-diphtheria booster (AT LEAST 10 YEARS CURRENT)**

**Measles Requirement:** Two (2) doses of live vaccine given at any age, except that the vaccine must have been given on or after the first birthday, 1n 1968 or later, and without Immune Globulin. A second dose of measles vaccine must meet this same requirement, but should not have been given within 30 days of the first dose. A history of physician-diagnosed measles is acceptable for establishing immunity, but should be accepted with caution unless you were the diagnosing physician.

**Tetanus-Diphtheria requirement:** A booster dose of vaccine given within the past ten (10) years. Students can be considered to have completed a primary series earlier in life, unless they state otherwise.

**Meningitis Requirement:** One (1) dose of Menomune® (MPSV4) or Menactra™ (MCV4) preferably at entrance into college.

**\*Request for Exemption – MMR & Td**

\_\_\_\_ **Medical Reasons (Physician’s Statement Required)**

\_\_\_\_ **Personal Reasons (State reason in space provided)**

\_\_\_\_\_  
\_\_\_\_\_

I fully understand that if I claim exemption from medical or personal reasons, I may be excluded from campus and from classes in the event of an outbreak of measles, mumps, or rubella 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 Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent or Guardian Signature**

\_\_\_\_\_  
**Date**

**\*Request for Exemption – Meningococcal Vaccine (Meningitis)**

Meningococcal disease is a serious disease that affects the brain and spinal cord. The disease is spread through droplet transmission from the nose or throat, such as sneezing or coughing, and direct contact with oral secretions of an infected individual. This includes such things as kissing, sharing drinks, food, utensils, cigarettes, lip balm or any object that has been in someone else’s mouth. Because meningitis is a grave illness and can rapidly progress to death, it requires early diagnosis and treatment. This is often difficult because the symptoms closely resemble those of the flu and the highest incidence of meningitis occurs during late winter and early spring (flu-season). When not fatal, meningitis can lead to permanent disabilities such as hearing loss, brain damage, or loss of limbs.

The U.S. Centers for Disease Control and Prevention (CDC) and the American College Health Association (ACHA) recommend that college students, particularly freshmen living in dormitories, are at a greater risk for meningitis than the general population. Behavior and social aspects of college lifestyle activities such as living in dormitories, bar patronage, smoking, and irregular sleep habits put these students at greater risk.

Two meningococcal vaccines are available in the US—Menomune® (MPSV4) and Menactra™ (MCV4). The vaccinations are effective against 4 of the 5 most common bacterial types that cause 70% of the disease in the U.S. (but does not protect against all types of meningitis—DOES NOT COVER Group B serotype). Vaccinations take 7 – 10 days to become effective, with possible protection lasting 3 – 5 years. As with any vaccine, vaccination may not protect 100% of all susceptible individuals.

Who should not get the vaccine: People who have had Guillain-Barre Syndrome; Over 55 years old; Pregnant or suspect that you may be; Allergic to thimerosal, a substance found in several vaccines; Have an acute illness, with fever (101° or higher).

Reactions to the vaccine may include pain, redness, and induration at the site of injection, headache, fatigue, and malaise. The vaccine is contraindicated in persons with known hypersensitivity to any component of the vaccine or to latex, which is used in the vial stopper. Because of the risk of injection site hemorrhage, the vaccine should not be given to persons with any bleeding disorder or to persons on anticoagulant therapy unless the potential benefit clearly outweighs the risk of administration. A few cases of Guillain-Barre Syndrome, a serious nervous system disorder, have been reported among people who received the vaccine. As with any vaccine, there is a possibility of an allergic reaction. Vaccination is available at University Health Services (limited supply), private physician offices, and Health Units. Cost of vaccine varies.

**WAIVER OF VACCINATION AND RELEASE FROM RESPONSIBILITY**

BE IT KNOWN that on this date I have been fully informed by reading the Centers for Disease Control and Prevention’s *Meningococcal Vaccines—What You Need to Know* Vaccine Information Statement and understand that my health could be negatively affected and my life possibly endangered by not receiving the vaccine. The reason for my completing this waiver is (check one):

\_\_\_\_ **Personal**

\_\_\_\_ **Medical**

\_\_\_\_ **Religious**

\_\_\_\_ **Unavailability of the Vaccine**

I declare myself to be a person of the full age of majority and to be mentally competent. I hereby assume full responsibility for any and all possible present or future results or complications of my condition as a result of not receiving the vaccination.

I do further hereby now and forever free and release the University and the Department of Health and Hospitals and all its agents, attending health care professionals, and other personnel from any and all legal or financial responsibility as a result of not receiving the vaccination.

I certify that I have read (or have had read to me) and that I fully understand this Waiver of Vaccination and Release from Responsibility. All explanations were made to me and all blanks completed before signing my name. I have elected to not receive the vaccination of my own free will.

\_\_\_\_\_  
**Signature of Student**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Parent or Guardian (if required)**

\_\_\_\_\_  
**Date**