



PROOF OF IMMUNIZATION COMPLIANCE

requires ALL students entering Loyola University for the first time and those students residing in on campus housing to be immunized for the following: Measles, Mumps Rubella (2 Doses) required for those born after January 1, 1957. Tetanus/diphtheria (within past 10 years) (LA R.S. 17:70) and Meningococcal disease (Meningitis).

Name (please print clearly)
Social Security # or SID# Telephone or Cell Number

PHYSICIAN OR OTHER HEALTH CARE PROVIDER VERIFICATION (physician must complete this section or attach signed copy of immunizations to this record) Measles, Mumps Rubella (2 Doses) required for those born after January 1, 1957. Tetanus/diphtheria, meningitis vaccines required for all students.

MMR (Measles, Mumps, Rubella) (Required) or MEASLES (Required)
1st Dose: 2nd Dose:
Date of Disease:
TETANUS/ DIPHtheria (Required)
Date: (within last 10 years)
PPD TB SKIN TEST /CHEST X-RAY (Recommended)
Date: Results
MENINGITIS (Required)
Date
MUMPS
Date of Immunization:
Date of Disease:
RUBELLA
Date of Immunization:
Date of Disease:
RUBELLA
Date of Immunization:

Signature of Physician or Other Health Care Provider:
Date (* Note Place Address or Stamp Above)

REQUEST FOR EXEMPTION: (Complete only if Applicable)
Medical History & Immunization Form must be submitted with Exemption Letter

I request an exemption from MMR/Tetanus vaccinations for the following reasons:
Medical Reasons: (Provide letter from a physician)
Religious Reasons: (Provide letter from pastor or clergy)
Personal Dissent: (Provide statement of dissent from a parent or guardian)
I request an exemption from Meningitis vaccination for the following reasons:
Medical Reasons: (Provide letter from a physician)
Religious Reasons: (Provide letter from pastor or clergy)
Personal Dissent: (Provide statement of dissent from a parent or guardian)

After consulting with my physician, I am aware of my personal risk for meningitis and have chosen not to be vaccinated. I understand that this puts me at greater risk of acquiring meningitis and Loyola University is released from any liability should I contract meningitis while I am enrolled.
Student's Signature

The University may exclude from attendance all students who do not have the immunizations until the appropriate disease incubation has expired or the student presents proof of immunization.

If the student is not 18 years of age, parent or guardian must also sign below.

(Student's Signature) Date:
(Parent or Guardian Signature, if required) Date: