



**LOYOLA
UNIVERSITY
NEW ORLEANS**

IMMUNIZATION COMPLIANCE FORM

Louisiana R.S. 17:170 – Schools of Higher Learning

Loyola Student Health Services 504-865-3326

Upload this form and proof of vaccination in the Public Health Portal at

<https://loyno.medicatconnect.com/home.aspx>

Name: _____ Date of Birth: _____
 Please Type or Print (Last) (First) (M.I.) (MM / DD / YYYY)

Campus-Wide ID# (student ID#): _____ Semester of Enrollment: (please select) Fall Spring Summer
 Format ###-##-####

Loyola Email: _____ @my.loyno.edu Phone: (____) _____

Address: _____
 (Address/P.O. Box) (City) (State) (Zip Code)

▼ This must be completed and signed by a physician or health care provider. ▼

Required Immunizations	
<p>MMR (Measles, Mumps, Rubella) - Two doses required Two doses of MMR at least 28 days apart. First dose after 12 months of age.</p> <p>OR</p> <p>Positive antibody titers for measles, mumps and rubella. * Required: Submit titers laboratory report for proof of immunization.</p>	<p>MMR Dose #1 Date: _____ (MM / DD / YY) OR Individual Doses (MM / DD / YY)</p> <p>Measles #1: _____ / _____ / _____</p> <p>Measles #2: _____ / _____ / _____</p> <p>MMR Dose #2 Date: _____ (MM / DD / YY)</p> <p>Mumps #1: _____ / _____ / _____</p> <p>Mumps #2: _____ / _____ / _____</p> <p>Rubella #1: _____ / _____ / _____</p> <p>OR Serologic Tests & Results (Must provide copy of lab reports.*)</p>
<p>Tetanus, Diphtheria, Pertussis (Tdap recommended) *Last dose must be <u>within the past 10 years</u> of start date.</p>	<p>Vaccine Date*: _____ / _____ / _____ (MM / DD / YY)</p> <p>Must Select Type: <input type="checkbox"/> TD or <input type="checkbox"/> Tdap</p>
<p>Meningococcal – One dose required at 16 years of age or older. Quadrivalent vaccine A, C, Y, W-135 *A dose given <u>within the past 5 years</u> is required for all undergraduates and is also required by Loyola for any student in on-campus housing or fraternity/sorority housing. A booster dose is required every five years.</p>	<p>Vaccine Date*: _____ / _____ / _____ (MM / DD / YY)</p> <p>Must Select Type: <input type="checkbox"/> Menactra or <input type="checkbox"/> Menveo or <input type="checkbox"/> Nimenrix</p> <p>*Last dose must be <u>within the past 5 years</u>.</p>

Required Immunizations (new for 2021)	
<p>COVID-19 (Pfizer, Moderna or Astrazeneca) - Two doses required</p>	<p>Dose #1 Date: _____ Dose #2 Date: _____ (MM / DD / YY) (MM / DD / YY)</p>
<p>COVID-19 (Johnson & Johnson) – One dose required</p>	<p>Dose #1 Date: _____ (MM / DD / YY)</p>
<p>COVID-19 Booster</p> <p>Manufacturer: _____</p>	<p>Dose #1 Date: _____ (MM / DD / YY)</p>

HEALTH CARE PROVIDER:

Name (Typed or Printed) _____ Signature _____
 Address _____
 Phone _____ Date _____

CLINIC STAMP





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How to Submit Immunization Records

- 1) Make sure your health provider completes and signs the form and provides copies of applicable lab reports. All lab reports must indicate your name and date of birth.
- 2) Scan these documents. *NOTE: Your files can be no larger than 4 MB. (Scan in black and white or at a setting of 150 DPI to achieve a smaller file.)*
- 3) Visit our website at <https://studentaffairs.loyno.edu/health>
- 4) **Log on to the Public Health Portal** using your username or full Loyola email address. For example: xxxxxxxx@my.loyno.edu Your password is your Microsoft password. If you cannot sign in, go to office.com to reset your Microsoft password. If you have changed your Microsoft password, use what you changed it to. If you have not yet changed your Microsoft password, the default password is the first two letters of your first name, followed by the last 4 digits of your social security number, then an uppercase LU. For example: abXXXXLU
- 5) **Choose Immunizations and Enter Dates.** Fill in all the dates and information copied directly from your form. When finished, click "Submit".
- 6) Next, use the **Upload Documents** link to upload your scanned copy of this completed form along with a copy of your COVID vaccination such as any of the following:
 - The record of immunization from a healthcare provider or pharmacy;
 - A copy of the CDC white COVID-19 Vaccination Record Card;
 - A copy of medical records documenting the vaccination;
 - A copy of immunization records from a state immunization information system, such as LA Wallet app;
- 7) Once your form is uploaded, it may take up to five business days for the form to be reviewed and verified. Check your Loyola email regularly for notification of secure messages from Student Health Services.
- 8) **You will receive a secure message** via the Public Health Portal notifying you whether your records are either (✓) in compliance which allows you to register for classes or (✗) out of compliance which means you cannot register for classes until you upload the additional records specified via secure message.
- 9) All communication regarding your immunization records is private and visible only via the Public Health Portal. You will receive a secure message notification in your Loyola email directing you to the Public Health Portal. You should **submit health information only via the Public Health Portal** and never by email.
- 10) Loyola must have evidence of a student's compliance with University policy and Louisiana law for immunizations. Failure to meet these requirements will result in an Enrollment Hold being placed on your student account, which will bar you from dropping or adding classes and/or enrolling for classes for the next semester.

For assistance, please email

immunizations@loyno.edu

Help! I can't log into my portal –

For assistance, please email support@loyno.edu using your my.loyno email address or call the Help Desk at 504.865.2255



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I request an exemption from immunizations for: Medical reasons Religious reasons Personal beliefs

Guidance for medical exemptions for vaccination can be obtained from the contraindications and precautions described in the vaccine manufacturer’s package insert and by reviewing the most recent recommendations of the Advisory Committee on Immunization Practices (ACIP) available in the Centers for Disease Control and Prevention publication, **General Best Practice Guidelines for Immunization: Contraindications and Precautions** found at: <https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html>

STATEMENT FROM PHYSICIAN, RELIGIOUS LEADER OR STUDENT/PARENT*: Provide specific details of the nature and probable duration of the medical condition or circumstances that contraindicate the immunization(s) or grounds for objection to the immunization(s) below or upload a letter of objection:

NAME OF PERSON MAKING STATEMENT:

Print

Signature

UNDERSTAND THE RISKS AND RESPONSIBILITIES

Pursuant to Louisiana R.S. 17:170: In the event of an outbreak of a vaccine-preventable disease at the location of an educational institution or facility enumerated in Subsection A of this Section, the administrators of that institution or facility are empowered, upon the recommendation of the office of public health, to exclude from attendance unimmunized students and clients until the appropriate disease incubation period has expired or the unimmunized person presents evidence of immunization.

Please indicate your understanding of the above by selecting the box:

- I have read and reviewed information from the Centers for Disease Control and Prevention and understand my risks and responsibilities in exempting/waiving the required immunizations and have chosen not to be vaccinated.

Student Signature: _____ **Date:** _____

*If student is not 18 years of age, legal guardian must sign below.**

Parent or Guardian Signature (*if required): _____ **Date:** _____



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How to Submit an Exemption to General Immunizations:

- 1) **Log on to the [Public Health Portal](#)** using your username or full Loyola email address. For example: xxxxxxxx@my.loyno.edu Your password is your Microsoft password. If you cannot sign in, go to [office.com](#) to reset your Microsoft password. If you have changed your Microsoft password, use what you changed it to. If you have not yet changed your Microsoft password, the default password is the first two letters of your first name, followed by the last 4 digits of your social security number, then an uppercase LU. For example: abXXXXLU
- 2) Next, use the **Upload Documents** link, then choose the type of exemption to upload your scanned copy of this completed form. You will not be able to move into your campus housing or attend classes on campus until you complete your exemption requirements on the portal.

How to Submit an Exemption for COVID-19 Immunizations:

- 1) **Log on to the [Public Health Portal](#)** using your username or full Loyola email address. For example: xxxxxxxx@my.loyno.edu Your password is your Microsoft password. If you cannot sign in, go to [office.com](#) to reset your Microsoft password. If you have changed your Microsoft password, use what you changed it to. If you have not yet changed your Microsoft password, the default password is the first two letters of your first name, followed by the last 4 digits of your social security number, then an uppercase LU. For example: abXXXXLU
- 2) Next, use the **Consents & Required Forms** link, then under **COVID Exemption Form** choose the type of exemption (either medical, religious or philosophical) to answer the required questions and complete the form. You will not be able to move into your campus housing or attend classes on campus until you complete your exemption requirements on the portal.

For assistance, please email

immunizations@loyno.edu

Help! I can't log into my portal –

For assistance, please email support@loyno.edu using your my.loyno email address or call the Help Desk at 504.865.2255