

Louisiana State University Eunice Immunization Policy

In compliance with state law, LSU Eunice has adopted an immunization policy to protect students, faculty, and staff from outbreaks of measles, mumps, rubella, tetanus, and diphtheria for all students born after 1956 and meningitis for all first time freshmen and those students living on campus.

Students will not be allowed to complete registration or to attend scheduled classes unless they have furnished proof that they have satisfied this additional 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: The state of Louisiana requires all students born after 1956 and attending state colleges and universities to furnish proof of the following immunizations: 2 doses of measles vaccine, at least 1 dose of each rubella (German Measles) and mumps vaccine, and a tetanus-diphtheria booster.

Measles Requirement: 2 doses of live vaccine given at any age, except that the vaccine must have been given on or after the first birthday in 1968 or later, and without immune Globulin. A 2nd 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 must be documented by the diagnosing physician. Note: Blood titer tests which confirm positive antibody levels to both types of measles are also acceptable evidence of immunity. Practically speaking, immunization is preferable to blood testing because of the relative cost and time.

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

Your proof of immunization must be a signed record (see the reverse side) from a physician, public health clinic, or other health care provider giving the dates of immunization or occurrence of disease or the results of a **serologic** test proving immunity. A copy of a "shot" record provided by a clinic or health care provider is satisfactory. The required proof must be submitted to the LSU Eunice, Admissions, P.O. Box 1129, Eunice, LA 70535.

Waiver from Immunization Requirement. You may claim exemption for medical, personal, or religious reasons or a shortage of vaccine for meningitis. If you have a medical reason for not being immunized, you may submit evidence from your physician and the requirement will be waived. You may also claim exemption from the immunization requirement for personal or religious reasons. 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 (see reverse), will be permitted to complete the registration process. **However, if you claim exemption from the immunization requirement, the university will require you to leave the campus and will exclude you from class in the event of an outbreak of measles, mumps, rubella, tetanus, diphtheria, or meningitis. You will not be permitted back on campus until the outbreak is over or until you submit proof of adequate immunization. In addition, we warn you that as a result of your refusal to receive immunization for meningitis, if you contract this disease, you may experience severe consequences which include death or permanent disabilities such as limb amputation, severe scarring, brain damage, and hearing loss.**

Please complete the form on the reverse side and return it to LSU Eunice, Admissions,
P. O. Box 1129, Eunice, LA 70535.

(over)

Immunization Record

Name: _____ LSUE ID# or Social Security#: _____

Planned Enrollment

Semester (Mark One): ____ Fall ____ Spring ____ Summer Year: _____

Alternative Proof of Immunization: Copy of Shot Record

() I am submitting the attached copy of official form(s) as proof of immunization against:

- measles
 - mumps/rubella
 - tetanus-diphtheria
 - meningitis
-

Request for Exemption from Immunization Requirement

() I request an exemption from the immunization requirements for medical, religious, personal reasons, or lack of availability of meningitis vaccine. I understand that if I claim exemption for these reasons, I may be excluded from campus and from classes in the event of an outbreak of measles, mumps, rubella, tetanus-diphtheria, or meningitis until the outbreak is over or until I submit proof of immunization.

- measles
- mumps/rubella
- tetanus-diphtheria
- meningitis*

*I also understand that as a result of my refusal to receive immunization for meningitis, if I contract this disease, I may experience severe consequences which include death or permanent disabilities such as limb amputation, severe scarring, brain damage, and hearing loss.

Your Signature

Date

Parent/Guardian Signature If Under 18

Date

TUBERCULOSIS QUESTIONNAIRE
Louisiana R.S. 17:170/Schools of Higher Learning

Name: _____ Date of Birth _____ ID Number: _ _ _ _ _

SECTION ONE: Please answer the following questions:

Afghanistan	Burundi	Dominican Republic	Honduras	Maldives	Northern Mariana	Senegal	Tuvalu
Algeria	Cabo Verde	Ecuador	India	Mali	Islands	Serbia	Uganda
Angola	Cambodia	Cameroon	El Salvador	Indonesia	Marshall Islands	Pakistan	Ukraine
Anguilla	Central African	Equatorial Guinea	Iran	Mauritania	Palau	Sierra Leone	United Rep. of
Argentina	Republic	Eritrea	Iraq	Mauritius	Panama	Singapore	Tanzania
Armenia	Chad	Estonia	Kazakhstan	Mexico	Papua New Guinea	Solomon Islands	Uruguay
Azerbaijan	China	Ethiopia	Kenya	Micronesia	Paraguay	Somalia	Uzbekistan
Bangladesh	China, Hong Kong	Fiji	Kiribati	(Federated States of	Peru	South Africa	Vanuatu
Belarus	SAR	French Polynesia	Kuwait	Mongolia)	Philippines	South Sudan	Venezuela (Bolivarian
Belize	China, Macao SAR	Gabon	Kyrgyzstan	Montenegro	Poland	Sri Lanka	Republic of)
Benin	Colombia	Gambia	Lao People's Dem.	Morocco	Portugal	Sudan	Viet Nam
Bhutan	Comoros	Georgia	Republic	Mozambique	Qatar	Suriname	Yemen
Bolivia	Congo	Ghana	Latvia	Myanmar	Republic of Korea	Swaziland	Zambia
Bosnia and	Cote d'Ivoire	Greenland	Lesotho	Namibia	Republic of Moldova	Tajikistan	Zimbabwe
Herzegovina	Democratic People's	Guam	Liberia	Nauru	Romania	Thailand	
Botswana	Rep. of Korea	Guatemala	Libya	Nepal	Russian Federation	Timor-Leste	
Brazil	Dem. Republic of the	Guinea	Lithuania	Nicaragua	Rwanda	Togo	
Brunei Darussalam	Congo	Guinea-Bissau	Madagascar	Niger	Saint Vincent and the	Trinidad and Tobago	
Bulgaria	Djibouti	Guyana	Malawi	Nigeria	Grenadine Islands	Tunisia	
Burkina Faso		Haiti	Malaysia		Sao Tome & Principe	Turkmenistan	

1. Were you born in one of the countries listed above? (If yes, please CIRCLE the country) Yes No
 2. Have traveled to any of the countries listed above in past 5 years? (If yes, please CIRCLE the country) Yes No
 3. Do you have a personal history of cancer, leukemia, kidney disease, diabetes, alcoholism, or intravenous drug use? (Family history does not apply) Yes No
 4. Have you been a resident, employee, or volunteer in a prison, homeless shelter, hospital, nursing home, or other long-term treatment facility? Yes No
 5. Do you have AIDS/HIV or take immunosuppressive medication such as prednisone? Yes No
 6. Have you ever had close contact with persons known or suspected to have active TB disease? Yes No
- If the answer to all of the above questions is NO, no TB testing or further action is required. Yes No

If the answer is YES to any of the above questions, LSU Eunice requires that you receive TB testing. The PPD skin test must be done within the 12 months prior to beginning your classes. You can obtain the PPD skin test from your local health care provider. (See Section two below)

SECTION TWO: Test Results (Must be completed by a Physician or Health Care Provider.)

Step 1: Tuberculin Skin Test – Positive if ≥ 10mm for questions 1, 2, 3, or 4 or ≥ 5mm for questions 5 or 6.

Date Given: _____ Date Read: _____ Result: _____mm of Induration Interpretation: Positive _____ Negative _____

Step 2: A QFT or T-SPOT is required if PPD is positive. (Please provide a copy of results.)

Date Obtained: _____ Circle Method Given: QFT T-Spot Result: Positive _____ Negative _____

Step 3: Students with a positive QFT or T-Spot should receive a Chest X-Ray. (X-Ray's will not be accepted in place of a PPD or QFT/TSPOT.)

Date of X-ray: _____ Result: Normal _____ Abnormal _____ (Please provide a copy of results.)

Step 4: Students with a positive QFT or T-Spot with no signs of active disease on chest x-ray are recommended to be treated for Latent TB with appropriate medication.

Name of Medications for treatment: _____ Date Initiated & Duration of treatment: _____

(Please provide copy of completion of treatment.)

_____ Student has been treated or agrees to receive treatment.

_____ Student declines treatment at this time and agrees to come in to the Student Health Center to sign the "Refusal of Treatment for Latent TB". Student also agrees to routine checkups to monitor progression of Latent TB.

Health Care Provider's Name, Address, Phone #: _____

Health Care Provider's Signature: _____

The completed form can also be submitted in person, by mail, by fax or by email to:

LSU Eunice Email: admissions@lsue.edu
Admissions Fax: (337) 550-1266
P.O. Box 1129 Tel: (337) 550-1329
Eunice, LA 70535