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 as well as meningitis and COVID-19 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, a tetanus-diphtheria booster and COVID-19 vaccine.

*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 and COVID-19. 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, meningitis, or COVID-19. 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 or COVID-19, if you contract one of these diseases, 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 to admissions@lsue.edu via email or by mail to LSU Eunice, Admissions, P. O. Box 1129, Eunice, LA 70535.
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-diptheria
- ___ meningitis

COVID-19 1st dose

COVID-19 2nd dose

Request for Exemption from Immunization Requirement

( ) I request an exemption from the immunization requirements for medical, religious, personal reasons, or lack of availability of the below selected vaccines. 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-diptheria, meningitis, or COVID-19 until the outbreak is over or until I submit proof of immunization.

- ___ measles
- ___ mumps/rubella
- ___ tetanus-diptheria
- ___ meningitis

COVID-19 1st dose*

COVID-19 2nd dose*

*I also understand that as a result of my refusal to receive immunization for meningitis or COVID-19, 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:

<table>
<thead>
<tr>
<th>Country</th>
<th>Country</th>
<th>Country</th>
<th>Country</th>
<th>Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>Afghanistan</td>
<td>Burundi</td>
<td>Dominican Republic</td>
<td>Honduras</td>
<td>Maldives</td>
</tr>
<tr>
<td>Algeria</td>
<td>Cabo Verde</td>
<td>Ecuador</td>
<td>India</td>
<td>Mali</td>
</tr>
<tr>
<td>Angola</td>
<td>Cambodia, Cameroon</td>
<td>El Salvador</td>
<td>Indonesia</td>
<td>Marshall Islands</td>
</tr>
<tr>
<td>Anguilla</td>
<td>Central African</td>
<td>Equatorial Guinea</td>
<td>Iran</td>
<td>Mauritania</td>
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<td>Chile</td>
<td>Eritrea</td>
<td>Iraq</td>
<td>Mauritius</td>
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<td>Chad</td>
<td>Estonia</td>
<td>Kazakhstan</td>
<td>Mexico</td>
</tr>
<tr>
<td>Azerbaijian</td>
<td>China</td>
<td>Ethiopia</td>
<td>Kenya</td>
<td>Micronesia</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>China, Hong Kong</td>
<td>Fiji</td>
<td>Kiribati</td>
<td>(Federated States of</td>
</tr>
<tr>
<td>Belarus</td>
<td>SAR</td>
<td>French Polynesia</td>
<td>Kuwait</td>
<td>Peru</td>
</tr>
<tr>
<td>Belize</td>
<td>China, Macao SAR</td>
<td>Gabon</td>
<td>Kyrgyzstan</td>
<td>South Africa</td>
</tr>
<tr>
<td>Benin</td>
<td>Colombia</td>
<td>Gambia</td>
<td>Lao People’s Dem.</td>
<td>Sri Lanka (Republic of)</td>
</tr>
<tr>
<td>Bhutan</td>
<td>Comoros</td>
<td>Georgia</td>
<td>Morocco</td>
<td>Suriname</td>
</tr>
<tr>
<td>Bolivia</td>
<td>Congo</td>
<td>Ghana</td>
<td>Latvia</td>
<td>Tanzania</td>
</tr>
<tr>
<td>Bosnia and Herzegovina</td>
<td>Cote d’Ivoire</td>
<td>Greenland</td>
<td>Lesotho</td>
<td>Ukraine</td>
</tr>
<tr>
<td>Botswana</td>
<td>Rep. of Korea</td>
<td>Guatemala</td>
<td>Libya</td>
<td>Vietnam</td>
</tr>
<tr>
<td>Brazil</td>
<td>Dem. Republic of the</td>
<td>Guatemala</td>
<td>Libya</td>
<td></td>
</tr>
<tr>
<td>Brunei Darussalam</td>
<td>Congo</td>
<td>Guinea-Bissau</td>
<td>Madagascar</td>
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<tr>
<td>Bulgaria</td>
<td>Djibouti</td>
<td>Guyana</td>
<td>Malawi</td>
<td></td>
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<tr>
<td>Burkina Faso</td>
<td>Haiti</td>
<td>Malaysia</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Were you born in one of the countries listed above? (If yes, please CIRCLE the country)  
   Yes  No
2. Have you 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 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.

<table>
<thead>
<tr>
<th>Date Given</th>
<th>Date Read</th>
<th>Result</th>
<th>Interpretation</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Date Obtained</th>
<th>Circle Method Given</th>
<th>QFT</th>
<th>T-Spot</th>
<th>Result</th>
<th>Positive</th>
<th>Negative</th>
</tr>
</thead>
</table>

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.)

<table>
<thead>
<tr>
<th>Date of X-ray</th>
<th>Result</th>
<th>Normal</th>
<th>Abnormal</th>
</tr>
</thead>
</table>

(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: ___________________________

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
Admissions Fax: (337) 550-1266
P.O. Box 1129  Tel: (337) 550-1329
Eunice, LA 70535

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