

# 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 2<sup>nd</sup> 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 Office of Student Affairs, LSU Eunice, 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 the Office of Student Affairs, LSU Eunice, P. O. Box 1129, Eunice, LA 70535.

(over)

# Immunization Record

Name: \_\_\_\_\_ LSUE ID# or Social Security#: \_\_\_\_\_

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## Planned Enrollment

Semester (Mark One): \_\_\_ Fall \_\_\_ Spring \_\_\_ Summer Year: \_\_\_\_\_

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## 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.

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\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature If Under 18

\_\_\_\_\_  
Date