



# PROOF OF IMMUNIZATION COMPLIANCE

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

Name: \_\_\_\_\_ Semester of Enrollment: Fall Spring Summer 20\_\_\_\_  
Please Print (Last) (First) (M.I.) (Circle One)

Address: \_\_\_\_\_ Email: \_\_\_\_\_  
(Street/ P.O. Box) (City) (State) (Zip Code)

Date of Birth: \_\_\_\_\_ LSU ID Number: 89-\_\_\_\_-\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

*Vaccination details and tuberculin skin test results, if needed, (shaded) must be completed by a medical provider.*

REQUIRED		
<p><b>MMR</b> Must be <b>after</b> the 1<sup>st</sup> birthday. 2<sup>nd</sup> dose needs to be at least 28 days after the 1<sup>st</sup>.</p> <p>MMR #1 (Date) _____</p> <p>MMR #2 (Date) _____</p> <p>Or a copy of serology test (titers) Submit a copy of the results with this form.</p>	<p><b>TDAP</b> (Tetanus, Diphtheria, Pertussis) One dose in the last 10 years</p> <p>Date: _____</p>	<p><b>Meningitis ACWY-135 after age 16</b> (We do not require Meningitis B)</p> <p>Date: _____</p> <p>Circle Type:</p> <p>Menactra Menveo MenQuadfi Nimenrix</p>

RECOMMENDED		
<p><b>COVID-19</b> (CDC recommends at least one bivalent mRNA COVID-19 vaccine.)</p>		
<p><b>Monovalent #1</b> Date: _____ Type _____ <b>#2</b> Date: _____ Type _____ <b>#3</b> Date: _____ Type _____</p> <p><b>Bivalent #1</b> Date: _____ Type _____ <b>#2</b> Date: _____ Type _____</p>		
<p><b>Medical Provider Signature:</b> _____</p>		<p><b>Date:</b> ____/____/____</p>
<p><b>Address:</b> _____</p>		<p><b>Phone:</b> (____) _____</p>

TUBERCULOSIS (TB) QUESTIONNAIRE (To be completed by student)	
1. Have you traveled to or lived in Africa, Asia (excluding Japan), Caribbean Nations, Central/South America, Eastern Europe, India, Mexico, Middle East, or The South Pacific (excluding Australia & New Zealand) for over 4 weeks? If so, where? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you been a resident, employee, or volunteer in a prison, homeless shelter, hospital, nursing home, or other long-term treatment facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you have AIDS/ HIV or take immunosuppressive medication such as prednisone, chemotherapy, or biologics?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you ever had close contact with persons known or suspected to have active Tuberculosis disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If you answered "No" to all the questions above, no further action is required.            If you answered "Yes" to any of the questions above, you must obtain tuberculosis (TB) testing. (See steps below.)</p>	

<p><b>Step 1: Tuberculin Skin Test: (Must be done within 1 year of completing this form)</b></p> <p>Positive if <math>\geq 10</math>mm for questions 1 or 2 or <math>\geq 5</math>mm for questions 3 or 4</p> <p>Date applied: ____/____/____ Date read: ____/____/____ Injection Site: _____</p> <p>Result: _____ mm of induration Interpretation: Negative _____ Positive _____</p>
<p><b>Step 2: IGRA (QFT or TSPOT) is required if PPD is positive. (Provide copy of results with form. IGRA can be taken in place of the PPD.)</b></p>
<p><b>Step 3: If IGRA is positive a chest X-ray is required. (Provide a copy of the X-ray report with form. It cannot be done in place of TB test.)</b></p>
<p><b>Step 4: It is recommended that students with a positive IGRA with no signs of active disease on chest X-ray be treated for latent TB.</b></p> <p>Name of treatment medications: _____ Date initiated and duration of treatment: _____</p> <p>(Please provide copy of completion of treatment.)</p> <p>_____ Student has been treated or agrees to receive treatment.</p> <p>_____ Student declines treatment at this time and agrees to come into the Student Health Center to sign the Refusal of Treatment for Latent TB Form. Student also agrees to routine checkups to monitor progression of latent TB.</p>

<p><b>Medical Provider Signature:</b> _____</p>	<p><b>Date:</b> ____/____/____</p>
<p><b>Address:</b> _____</p>	<p><b>Phone:</b> (____) _____</p>

*You will not be able to complete registration until you comply with the university immunization requirements. All documentation should be submitted prior to coming to campus.*

Please see reverse for electronic verification and submission details.

**Electronic Verification and Submission**

- 1) Log-on to the Student Health Center Patient Portal using your myLSU credentials. Access it by visiting the Student Health Center homepage, [www.lsu.edu/shc](http://www.lsu.edu/shc), and clicking on **Patient Portal** in the top right-hand corner or by using the direct link, [www.lsu.edu/shcportal](http://www.lsu.edu/shcportal). It may take up to 3 business days after you receive your LSU email account before you can access the Patient Portal.
- 2) Check your immunization status by clicking on the **Immunizations** tab. If you are an in-state student, the Student Health Center may have received proof of some or all the required vaccinations through the Louisiana Immunization Network.

You are not “compliant” with the immunization requirements until we receive proof of required immunizations and a completed Tuberculosis (TB) Questionnaire.

- 3) Submit immunization information by clicking the **Upload** tab. Make sure your medical provider completed and signed the form and provided copies of any required lab reports. All lab reports must include your name and date of birth. Your files can be no larger than 4 MB. (Scan in black and white or at a setting of 150 DPI to decrease the file size.)

Once your documents are uploaded, it may take up to 3 business days to be reviewed and verified. Check your LSU email regularly for notification of secure messages from the Student Health Center.

- 4) Complete the Tuberculosis (TB) Questionnaire by clicking the **Forms** tab. It can be completed and submitted electronically. If you answer “No” to all questions, no further action is required. If you answer “Yes” to any of the questions, you must obtain tuberculosis (TB) testing.

***You will not be able to complete registration until you comply with the university immunization requirements. All documentation should be submitted prior to coming to campus.***

**If you want to request an exemption/ waiver for immunizations, visit <https://lsu.edu/shc/medical/immunizations.php> for instructions.**

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

LSU Student Health Center  
Immunization Desk  
16 Infirmary Lane  
Baton Rouge, LA 70803

Email: [immunization@lsu.edu](mailto:immunization@lsu.edu)  
Fax: (888) 837-2607  
Telephone: (225) 578-0593  
Website: [www.lsu.edu/shc](http://www.lsu.edu/shc)