



# THE UNIVERSITY *of* NEW ORLEANS

## Office of Student Affairs

Dear UNO Student:

As a new or re-entering student, you are subject to a State legislated pre-matriculation immunization statute that requires you to provide UNO with your immunization status regarding Measles, Mumps, Rubella, Tetanus-Diphtheria (Td) **or Tetanus Toxoid reduced diphtheria acellular pertussis (Tdap), Meningococcal and COVID-19.** The **Proof of Immunization Compliance** form is included.

The following is a summary of the guidelines of the Louisiana State Health Department:

- **Tetanus-Diphtheria (Td) or Tetanus Toxoid reduced diphtheria acellular pertussis (Tdap) immunization within the last ten years.**
- If you were born on or after January 1, 1957, two **measles-mumps-rubella** immunizations are needed.
  - The first of these immunizations must be given after 1967, after your first birthday, and given without gamma globulin. The second must be given at least 30 days later.
  - If you had the disease, one of two proofs is necessary:
    - A blood test, called a titer, which shows immunity to the disease.
    - The signature of the physician who attended to you when you were ill with the disease.
- If you were born before 1957, there is no **measles-mumps-rubella** requirement.
- If you were born before 1957, the **diphtheria-tetanus** requirement still applies.
- All students must show proof of two doses of Meningococcal Conjugate vaccination separated by at least eight weeks. If the first dose is administered AFTER age 16, a second dose is NOT required.
- Please have the compliance form **completed** and **returned prior to registration. Failure to do so will result in your registration being delayed.** Please fax, email, mail or return the information to the Office of Student Affairs. (Fax: 504.280.3975, Email: [healthservices@uno.edu](mailto:healthservices@uno.edu)).
- Exemption Declarations: Visit **[waiver.uno.edu](http://waiver.uno.edu)**. UNO username and password required.

We look forward to serving you while you are at UNO.



**PROOF OF IMMUNIZATION COMPLIANCE (LOUISIANA R.S. 17:170 SCHOOL OF HIGHER LEARNING)**

Return this completed form to 248 University Center  
Telephone: (504) 280-6222, Fax: 504-280-3975; Email: healthservices@uno.edu

**Student Information (please print)**

Name: \_\_\_\_\_  
(Last) (First) (Middle Initial)  
Student Number: \_\_\_\_\_ Semester of desired enrollment: \_\_\_\_\_  
Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
Telephone number: \_\_\_\_\_

**PHYSICIAN OR OTHER HEALTH CARE PROVIDER VERIFICATION OR UNIVERSIAL CERTIFICATE OF IMMUNIZATIONS ATTACHED.**

**MMR (Measles, Mumps, Rubella)**

(Two Doses Required)

Date of 1st dose \_\_\_\_\_

Date of 2nd dose \_\_\_\_\_

OR

Date of Disease: \_\_\_\_\_ Serologic test(s): \_\_\_\_\_ Result(s): \_\_\_\_\_

**Tetanus-Diphtheria (TD) or Tetanus toxoid reduced diphtheria acellular pertussis (Tdap)**

(One Dose required within 10 years)

Td: \_\_\_\_\_ or Tdap: \_\_\_\_\_

**Meningococcal Vaccine Quadrivalent vaccine (A,C,Y,W-135)**

If the first dose is administered AFTER age 16, a second dose is NOT required.

Date: \_\_\_\_\_

Vaccine type: \_\_\_\_\_ Date: \_\_\_\_\_ Vaccine type: \_\_\_\_\_

**COVID-19 Vaccine (Circle or Write in Manufacturer)**

**Pfizer or Moderna** Date of Dose #1 \_\_\_\_\_ Date of Dose #2 \_\_\_\_\_

**Johnson and Johnson** Date of Dose \_\_\_\_\_

**Other ( \_\_\_\_\_ )** Date of Dose #1 \_\_\_\_\_ Date of Dose #2 \_\_\_\_\_

\_\_\_\_\_  
(Signature of Physician or other Health Care Provider)

\_\_\_\_\_  
Date

**Exemption Declaration: (select one)**

1.  Medical (Physician's statement required)

2.  Personal/Philosophical (state reason)

Pursuant to Louisiana R.S. § 17:170: In the event of an outbreak of a vaccine-preventable disease at The University of New Orleans, the administrators are empowered, upon the recommendation of the Office of Public Health, to exclude from attendance unimmunized students until the appropriate disease incubation period has expired or the unimmunized person presents evidence of immunization. If I am not 18 years of age, my parent or legal guardian must sign below.

\_\_\_\_\_  
(Student's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent or Guardian Signature)

\_\_\_\_\_  
(Date)

For students under 18 years old.