



Centenary

COLLEGE OF LOUISIANA

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

Graduate and Part-time Students

STUDENT MUST COMPLETE:

NAME: _____
Please Print (Last) (First) (MI)

SS Number: - -

Date of Birth: Month _____ Day _____ Year _____

PHYSICIAN COMPLETES:**PHYSICIAN OR OTHER HEALTH CARE PROVIDER VERIFICATION:**

(See next page)

Measles (Rubeola)	Rubella	Mumps	Tetanus-Diphtheria
1st Immunization: _____ And (Date)	Immunization: _____ Or (Date)	Immunization: _____ Or (Date)	Immunization: _____ (Date within 10 years)
2nd Immunization: _____ Or (Date)	Serologic Test: _____ And (Date)	Date of Disease: _____ Or (Date)	
Date of Disease: _____ Or (Date)	Result: _____	Serologic Test: _____ (Date & Result)	
Serologic Test: _____ (Date & Result)			

(Signature of Physician or other Health Care Provider)

Date: _____ (Please Place Address or Stamp Above)

REQUEST FOR EXEMPTION:

If you request exemption for medical or personal reasons, please check the appropriate blank and provide the information requested.

1. Medical reasons: _____ (Physician's statement - use space below)
2. Personal reasons: _____ (State reason in space provided)

I understand that if I claim exemption for personal or medical reasons, I may be excluded from campus and from classes in the event of an outbreak of measles, mumps, or rubella until the outbreak is over or until I submit proof of immunization. If I am not 18 years of age, my parent or legal guardian must sign below.

(Students Signature) (Date) (Parent or Guardian, if required) (Date)

RETURN THIS FORM TO: Health Services
Centenary College of Louisiana
2911 Centenary Blvd
Shreveport, La 71104

REMEMBER!
YOU WILL NOT BE PERMITTED TO ENROLL UNTIL YOU COMPLETE AND RETURN THIS FORM

IMPORTANT. Make a copy of this form for your personal record.