



Centenary

COLLEGE OF LOUISIANA

Dear Graduate, Non-Degree or Part-Time Student,

On behalf of Health Services, I want to welcome you to Centenary College and let you know that Health Services is available to all students in a walk-in clinic setting. We treat minor injuries and illnesses and will assist you in accessing care by a physician as needed.

Centenary College requires that all graduate, non-degree and part-time students have the following immunizations:

- 2 doses of MMR (Measles, Mumps, and Rubella)
- 1 TD (Tetanus, Diphtheria) booster within the last 10 years
- 1 Meningococcal (required by law)

If you choose not to receive the immunizations, you may sign the waiver portion of the medical form and it must be signed by a witness. In the event of an outbreak of Measles, Mumps, Rubella, or Meningitis on campus, you will be required to remain off campus until you present proof that you have received the immunizations. We also ***recommend*** that you talk to your health care provider about having the HPV (females), Hepatitis B series, and Varicella (chickenpox) vaccines if you have no history of the diseases.

Please be sure your completed health information is turned into Health Services. If the clinic is closed, the Office of Student Life will accept the form. (If the information is inadvertently turned into another location on campus, it will be your responsibility to replace it and turn it into Health Services.) Failure to provide all required information will prevent you from beginning classes. If you have any questions, please contact Health Services at (318) 869-5466.

Sincerely,

Dennis Taylor
Senior Director of Student Services

PROOF OF IMMUNIZATION COMPLIANCE

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

GRADUATE | NON-DEGREE | PART-TIME

STUDENT MUST COMPLETE—You will not be permitted to enroll unless you complete and return this form.

PLEASE PRINT NAME LAST FIRST MI

ADDRESS/CITY/STATE/ZIP

SOCIAL SECURITY NUMBER DATE OF BIRTH (MONTH/DAY/YEAR)

TELEPHONE CELL PHONE EMAIL ADDRESS

EMERGENCY CONTACT TELEPHONE CELL PHONE

ADDRESS/CITY/STATE)

PHYSICIAN OR OTHER HEALTH CARE PROVIDER MUST COMPLETE VERIFICATION

MEASLES (Rubeola)

1ST IMMUNIZATION

DATE _____

2ND IMMUNIZATION

DATE _____

OR

DATE OF DISEASE _____

SEROLOGIC TEST (DATE AND RESULT)

RUBELLA

IMMUNIZATION

DATE _____

OR

SEROLOGIC TEST (DATE AND RESULT)

MUMPS

IMMUNIZATION

DATE _____

OR

DATE OF DISEASE _____

SEROLOGIC TEST (DATE AND RESULT)

TETANUM-DIPHTHERIA

IMMUNIZATION

DATE WITHIN 10 YEARS

MENACTRA VACCINE

IMMUNIZATION

DATE _____

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.

Medical _____

Physician's statement _____

Personal _____

State reason _____

Religious _____

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 parents or legal guardian must sign below.

STUDENTS SIGNATURE DATE PARENT OR GUARDIAN, IF REQUIRED DATE

IMPORTANT: MAKE A COPY OF THIS FORM FOR YOUR PERSONAL RECORD AND RETURN ORIGINAL FORM TO THE ADDRESS BELOW.