

STUDENT MUST COMPLETE	Name: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> <i>Please Print</i> (Last) (First) (MI) </div>		
	Social Security Number _____ - _____ - _____		
	Date of Birth: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> Month Date Year </div>		

PHYSICIAN COMPLETES	PHYSICIAN OR OTHER HEALTH CARE PROVIDER VERIFICATION: (See other side)					
		Measles (Rubeola)	Rubella	Mumps	Tetanus - Diphtheria	Menigitis
		1st Immunization: _____ (Date)	Immunization: _____ (Date)	Immunization: _____ (Date)	Immunization: _____ (Date within 10 yrs.)	Immunization: _____ (Date within 10 yrs.)
		and 2nd Immunization: _____ (Date)	or Serologic Test: _____ (Date)	or Date of Disease: _____ (Date)	or	or Serologic Test: _____ (Date)
		or Date of Disease: _____ (Date)	and Result: _____ (Date)	or Serologic Test: _____ (Date and Result)		or Result: _____ (Date)
		or Serologic Test: _____ (Date and Results)				
	_____ (Signature of Physician or Other Health Care Provider)		_____ (Date)	<i>(Please Place Address or Stamp Above)</i>		

WAIVER OF MENINGITIS VACCINATION AND RELEASE FROM RESPONSIBILITY:

I HAVE BEEN FULLY INFORMED BY READING THE CENTERS FOR DISEASE CONTROL AND PREVENTION MENINGITIS VACCINE INFORMATION STATEMENT AND UNDERSTAND THE POSSIBLE AND PROBABLE ADVERSE CONSEQUENCES. I UNDERSTAND THAT MY HEALTH COULD BE NEGATIVELY AFFECTED AND MY LIFE POSSIBLY ENDANGERED BY NOT RECEIVING THE VACCINE.

The reason for not being vaccinated is:

Personal Unavailability of the Vaccine (I have provided a statement verifying that I have tried to receive the vaccine but could not find any.)

I am an online student and will not be on the campus for courses Medical Religious

I declare myself to be a person of the full age of majority and to be mentally competent. I hereby assume full responsibility for any and all possible present or future results or complications of my condition due to this refusal.

I do further hereby now and forever free and release the University and the Department of Health and Hospitals and all its agents, attending health care professionals, and other personnel from any and all legal or financial responsibility as a result of this refusal.

I certify that I have read (or had read to me) and that I fully understand this release from Responsibility. All explanations were made to me and all blanks filled in before I signed my name.

Month	Day	Year	Time	Printed Name	Signature
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REQUEST FOR EXEMPTION FOR MEASLES, MUMPS, RUBELLA AND TETANUS-DIPHTERIA:

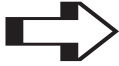
If you request exemption for medical or personal reasons, please check the appropriate box and provide the information requested.

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.

_____ (Student's Signature)	_____ (Date)	_____ (Parent or Gaurdian, if required)	_____ (Date)
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RETURN THIS FORM TO:



CITY PARK CAMPUS
Office of Admissions
Delgado Community College
615 City Park Avenue
New Orleans, LA 70119-4399
(504) 483-4004

WEST BANK CAMPUS
Office of Admissions
Delgado Community College
2600 General Meyer Avenue
New Orleans, LA 70114-3095
(504) 361-6444

CHARITY SCHOOL OF NURSING
Office of Admissions
450 S. Claiborne Avenue
New Orleans, LA 70112
(504) 568-6484

NORTHSHORE - COVINGTON
Office of Admissions
207 E. Lockwood
Covington, LA 70433
(985) 893-6286

NORTHSHORE - SLIDELL
Office of Admissions
320 Howze Beach Rd.
Slidell, LA 70461
(985) 646-6420

Louisiana law requires immunization against measles, mumps, rubella, and tetanus-diphtheria for all first-time Delgado Community College students born after 1956.

TO THE NEW STUDENT:

Where to locate your immunization record(s): Your immunization (shot) record may be found in your family records, such as a baby book, or in a booklet that may have been written in by your doctor or public clinic each time you received a vaccination. You may also want to check for records with your doctor or public health clinic. Please keep in mind, however, that immunization records are maintained for a variable number of years, and than usually only be the medical provider who actually gave the vaccines to you. As a last resort, and if you are a graduating high school senior, school personnel may be able to locate immunization records in your cumulative or health folder before your graduation. After you graduate, records are sent to storage and may not be accessible. Shot records or reasonably authentic copies of records (such as those from a baby book or school health record), which indicate specific information such as your name, date of birth, and the dates of the shots you had, should be acceptable documentation of the immunizations you received previously. These records should be taken with you to your doctor or a local public health clinic for a possible up-date of your immunization status. A visit to your doctor or public health clinic will be needed to have your Proof of Compliance form signed and/or to interpret your old records in view of changes in health care standards since your early childhood. Take care of this important matter as soon as you can, and most certainly before registration.

TO THE PHYSICIAN OR OTHER MEDICAL PROVIDER:

(Please do not sign this compliance form unless the student has proper vaccines or immune tests.)

The following guidance is presented for the purpose of implementing the requirements of Louisiana R.S. 17:170, and of meeting the established recommendations for control of vaccine-preventable diseases as recommended by the American Academy of Pediatrics (AAP); the advisory Committee on Immunization Practices to the United States Public Health Service (ACIP); and the American College Health Association (ACHA).

Requirements: Two (2) doses of measles vaccine; at least one (1) dose each of rubella and mumps vaccine; and a tetanus-diphtheria booster; meningococcal vaccine.

Measles Requirement: Two (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 second 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 should be accepted with caution unless you were the diagnosing physician.

Tetanus-Diphtheria Requirement: A booster dose of vaccine given within the past ten (10) years. Students can be considered to have completed a primary series earlier in life, unless they state otherwise.

ALL FIRST TIME FRESHMAN REGARDLESS OF AGE MUST PROVIDE:

Meningococcal Vaccine Requirement: One dose of vaccine given within the past ten (10) years.

NOTE: In most cases, student compliance will require a second dose of measles vaccine (preferably as MMR) and a dose of tetanus-diphtheria (Td, Adult Type). In cases where no records can be located, or especially when immunization in the past is doubtful, two doses of MMR separated by a minimum of 30 days may be indicated. Evidence of vaccination or immunity against measles, rubella, mumps, tetanus and diphtheria can be established by either reviewing a previous written record of vaccination or administering vaccine now. Serologic testing is acceptable evidence of immunity, but should not be routinely performed unless specifically requested by the patient, and if testing is appropriate or available. Practically speaking, immunization is preferable to serologic testing because of the relative costs and time. In all instances when vaccine administration is considered, M-M-R (measles, mumps and rubella vaccine live) and tetanus-diphtheria toxoid (Td, Adult Type) are the products of choice for use in adults unless a specific contraindication is present.