

# PROOF OF IMMUNIZATION COMPLIANCE

# GRAMBLING STATE UNIVERSITY

Louisiana R.S. 17:170/R.S. 17:170.1 Schools of Higher Learning

G#: \_\_\_\_\_ Date of Birth: Month \_\_\_\_\_ Date \_\_\_\_\_ Year \_\_\_\_\_

Name: \_\_\_\_\_  
Please Print (Last) (First) (Middle)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### UNIVERSITY REQUIRED IMMUNIZATIONS: EXEMPTION FORMS ARE AVAILABLE

<p><b>M-M-R (Measles, Mumps, Rubella)</b> -2 Doses required)</p> <p>First Dose: _____ (Date)</p> <p>Second Dose: _____ (Date)</p> <p style="text-align: center;"><b>OR</b></p> <p>Serologic Test: _____ (Date)</p> <p>Result: _____</p> <p>OR Born before 1957</p>	<p><b>Meningococcal Vaccine (A,C,Y,W135)-</b> 2 Doses required with the second dose on or after the 16<sup>th</sup> birthday(minimum interval is eight weeks)</p> <p>Date: _____ First Dose</p> <p>Vaccine Type: _____</p> <p>Date: _____ Second Dose</p> <p>Vaccine Type: _____</p>	<p style="text-align: center;"><b>COVID-19 SARS</b></p> <p>First Dose: _____ (Date)</p> <hr/> <p>Please specify which vaccine</p> <p>Second Dose: _____ (Date)</p> <hr/> <p>Please specify which vaccine</p>
<p>_____ (Signature of Physician or Other Health Care Provider)      _____ Date</p>		<p><b>Please print office address or stamp here</b></p>

### UNIVERSITY RECOMMENDED IMMUNIZATIONS:

<p><b>Hepatitis B Vaccine</b></p> <p>First dose: _____ (Date)</p> <p>Second dose: _____ (Date)</p> <p>Third dose: _____ (Date)</p>	<p style="text-align: center;"><b>Varicella (chicken pox)</b></p> <p style="text-align: center;">OR</p> <p>First dose: _____ Disease: _____ (Date) OR</p> <p>Second dose: _____ Serologic Test: _____ Result: _____ (Date)</p> <p>Varicella (either a history of chicken pox, a positive Varicella antibody, or two doses of a vaccine given at least one month apart if immunized after 13 years. meet the requirement)</p>
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### READ INFORMATION ON BACK OF THIS FORM

You will not be permitted to register until you complete this form or provide a copy of your immunization record and return to:  
 Foster-Johnson Health Center  
 (318) 274-2481 (Fax)

Any questions please contact us at (318) 274-2351

**Please read the following information carefully:** Louisiana Law (R.S. 17:170/R.S. 17:170.1/Schools of Higher Learning) requires all students entering Grambling State University for the first time to be immunized for the following: Measles (2 Doses), Mumps, Rubella—required for those born on or after January 1, 1957; Tetanus Diphtheria (within the past 10 years); and against Meningococcal disease (Meningitis-2 doses). The following guidelines presented on the back of this form are for the purpose of implementing the requirements of Louisiana R.S. 17:170.1, 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).