



PROOF OF IMMUNIZATION COMPLIANCE

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

Name: _____ Semester of Enrollment: Fall Spring Summer 20____
Please Print (Last) (First) (M.I.) Circle One.

Address: _____ Email: _____
(Street/ P.O. Box) (City) (State) (Zip Code)

Date of Birth: _____ LSU ID Number: 89-____-____ Telephone: (____) _____

Vaccination details and tuberculin skin test results, if needed, (shaded) must be completed by a medical provider.

REQUIRED		
MMR Two doses at least 28 days apart, first dose after first birthday MMR #1 (Date) _____ MMR #2 (Date) _____ Or a copy of serology test (titers) submitted with this form.	Tetanus Must be within last 10 years (TDAP recommended) Date: _____ Circle Type: TD TDAP	Meningitis (Quadrivalent Vaccine ACYW-135) One dose required at 16 years of age or older Date: _____ Circle Type: Menactra Menveo MenQuadfi

RECOMMENDED		
COVID-19 (CDC recommends at least one bivalent mRNA COVID-19 vaccine.)		
Monovalent #1 Date: _____ Type _____	#2 Date: _____ Type _____	#3 Date: _____ Type _____
Bivalent #1 Date: _____ Type _____	#2 Date: _____ Type _____	
Medical Provider Signature: _____	Date: ____/____/____	
Address: _____	Phone: (____) _____	

TUBERCULOSIS (TB) QUESTIONNAIRE (To be completed by student)

1. Have you traveled to or lived in Africa, Asia (excluding Japan), Caribbean Nations, Central/South America, Eastern Europe, India, Middle East, Portugal, or The South Pacific (excluding Australia and New Zealand) for more than 4 weeks? If so, where? Yes No
2. Have you been a resident, employee, or volunteer in a prison, homeless shelter, hospital, nursing home, or other long-term treatment facility? Yes No
3. Do you have AIDS/ HIV or take immunosuppressive medication such as prednisone, chemotherapy, or biologics? Yes No
4. Have you ever had close contact with persons known or suspected to have active Tuberculosis disease? Yes No

If you answered "No" to all the questions above, no further action is required.
If you answered "Yes" to any of the questions above, you must obtain tuberculosis (TB) testing. (See steps below.)

Step 1: Tuberculin Skin Test: (Must be done within 1 year of completing this form)
Positive if ≥ 10mm for questions 1 or 2 or ≥ 5mm for questions 3 or 4
Date applied: ____/____/____ Date read: ____/____/____ Injection Site: _____
Result: _____ mm of induration Interpretation: Negative ___ Positive ___

Step 2: IGRA (QFT or TSPOT) is required if PPD is positive. (Provide copy of results with form.)

Step 3: If IGRA is positive a chest X-ray is required. (Provide a copy of the X-ray report with form; it cannot be done in place of TB test.)

Step 4: It is recommended that students with a positive IGRA with no signs of active disease on chest X-ray be treated for latent TB.
Name of treatment medications: _____ Date initiated and duration of treatment: _____
(Please provide copy of completion of treatment.)
____ Student has been treated or agrees to receive treatment.
____ Student declines treatment at this time and agrees to come in to the Student Health Center to sign the Refusal of Treatment for Latent TB Form. Student also agrees to routine checkups to monitor progression of latent TB.

Medical Provider Signature: _____	Date: ____/____/____
Address: _____	Phone: (____) _____

*You will not be able to complete registration until you comply with the university immunization requirements.
All documentation should be submitted prior to coming to campus.*

Please see reverse for electronic verification and submission details.



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Electronic Verification and Submission

- 1) Log-on to the Student Health Center Patient Portal using your myLSU credentials. Access it by visiting the Student Health Center homepage, www.lsu.edu/shc, and clicking on **Patient Portal** in the top right-hand corner or by using the direct link, www.lsu.edu/shcportal. It may take up to 3 business days after you receive your LSU email account before you can access the Patient Portal.
- 2) Check your immunization status by clicking on the **Immunizations** tab. If you are an in-state student, the Student Health Center may have received proof of some or all the required vaccinations through the Louisiana Immunization Network.

You are not “compliant” with the immunization requirements until we receive proof of required immunizations and a completed Tuberculosis (TB) Questionnaire.

- 3) Submit immunization information by clicking the **Upload** tab. Make sure your medical provider completed and signed the form and provided copies of any required lab reports. All lab reports must include your name and date of birth. Your files can be no larger than 4 MB. (Scan in black and white or at a setting of 150 DPI to decrease the file size.)

Once your documents are uploaded, it may take up to 3 business days to be reviewed and verified. Check your LSU email regularly for notification of secure messages from the Student Health Center.

- 4) Complete the Tuberculosis (TB) Questionnaire by clicking the **Forms** tab. It can be completed and submitted electronically. If you answer “No” to all questions, no further action is required. If you answer “Yes” to any of the questions, you must obtain tuberculosis (TB) testing.

You will not be able to complete registration until you comply with the university immunization requirements. All documentation should be submitted prior to coming to campus.

If you want to request an exemption/ waiver for immunizations, visit <https://lsu.edu/shc/medical/immunizations.php> for instructions.

The completed form can also be submitted in person, by mail, by fax or by email to:

LSU Student Health Center
Immunization Desk
16 Infirmary Lane
Baton Rouge, LA 70803

Email: immunization@lsu.edu
Fax: (888) 837-2607
Telephone: (225) 578-0593
Website: www.lsu.edu/shc