Medical and Non-Medical Exemption – Vaccination Requirement
Louisiana R.S. 17:170/Schools of Higher Learning

Name:____________________________________ Semester of Enrollment: Fall __ Spring__ Summer__ 20___

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

Date of Birth:_______________ LSU ID Number: 89-__-__-__
Telephone: (_____)___________________

Please upload the completed form to the Patient Portal. It can be accessed on the Student Health Center homepage, www.lsu.edu/shc. Students can log-on to the portal using their myLSU log-on information. Compliance can also be confirmed through the portal after the form has been reviewed and the information verified.

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

LSU Student Health Center
Immunizations
16 Infirmary Road
Baton Rouge, LA 70803

Email: immunization@lsu.edu
Fax: (225) 578-5282
Tel: (225) 578-0593
Web: www.lsu.edu/shc

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