

Southern University at Shreveport

3050 Martin Luther King Jr. Drive
Shreveport, Louisiana 71107

IMMUNIZATION FORM

(Please print using dark ink)

Name: _____
Last First Middle

Last 4-digits of Social Security Number: XXX-XX- _____ Date: _____

PHYSICIAN MUST COMPLETE THIS SECTION

Measles (Rubeola)

1st Immunization: _____

and

2nd Immunization: _____

or

Date of Disease: _____

Serologic Test: _____

Rubella

Immunization: _____

or

Serologic Test: _____

and

Result: _____

Mumps

Immunization: _____

or

Date of Disease: _____

or

Serologic Test: _____

Tetanus-Diphtheria

Immunization: _____

Pertussis: _____

(Date within 10 yrs.)

Meningococcal disease

Immunization: _____

Signature of physician/health care provider

Date

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 requested information.

____ Medical reasons: (Attach Physician's Statement or use space below)

____ Personal reasons: (State reason in space below)

** 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, rubella, or meningitis 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.

Student's Signature

Date

Parent/Guardian Signature

Date