## LOUISIANA DELTA COMMUNITY COLLEGE

Department of Enrollment Services **Proof of Immunization** 

## PROOF OF IMMUNIZATION COMPLIANCE

(LOUISIANA R.S. 17:170 SCHOOLS OF HIGHER LEARNING)

VACCINATION REQUIREMENTS ARE APPLICABLE ONLY TO STUDENTS BORN ON OR AFTER JANUARY 1, 1957

To be completed by student (Please	e Print):	
Last Name:	First Name:	M.I
Social Security Number:	Date of Birth:	
To be completed by Physicia	an or other Health Care Provider:	
MEASLES (Rubeola)		
1st Immunization Date:	and 2nd Immunization Date:	or
Date of Disease:	or Serologic Test Date:	and Result:
RUBELLA		
Immunization Date:	or Serologic Test Date:	and Result:
MUMPS		COVID-19
Immunization Date:	or Date of Disease:	or Immunization Date:
Serologic Test Date:	and Result:	(Date since January 2021)
TETANUS-DIPHTHERIA		
Immunization Date:	(Date within last 10 years)	
or sign below indicating that stude  Student Signature	nt could not comply with this requirement due to u  Parent Signature	navailability of vaccine Date
Verification by Physician or Health	Cara Provider	
	Title:	Date:
You may submit a copy of immuniz	zation records for verification. Attach to this form:	
Request for exemption: I request	an exemption for the reason indicated below:	
Medical Reasons: Physician o	or other health care provider must provide written s	statement listing medical reason
Personal Reasons: Student o	r parent/guardian must state reason below:	
*I understand that if I claim exe	emption for personal or medical reasons, I ma	y be excluded from campus in the event of an outbreak of measles,
		r or until I submit proof of immunization. If I am not 18 years of age,
my parent/guardian must sign	below.	
Student Signature	Parent Signature	
_		LETED AND RETURNED WITH THE APPLICATION FOR
ADMICCION VOILW	THE NOT DE ADMITTED OD ALLOWED TO	ENDOLL LINTH THIS COMPLETED FORM IS DETUDNED

ADMISSION. YOU WILL NOT BE ADMITTED OR ALLOWED TO ENROLL UNTIL THIS COMPLETED FORM IS RETURNED. (Make a copy of this form for your personal records)

(See back of this document for Compliance Policy)

## Louisiana Delta Community College Immunizations Compliance Policy

At the time of application and prior to admission to Delta Community College; all students born after 1956 must show proof of measles, mumps, rubella (MMR), and tetanus/diphtheria (T/D) immunizations. Effective Fall 2006, all first-time freshmen attending Louisiana's postsecondary institutions must show proof of having received the meningitis vaccination or provide a properly executed waiver at registration. This additional requirement is the result of Acts 251 and 711 of the 2006 Regular Legislative Session. Failure to show documentation will necessitate a waiver being signed with the restrictions shown below.

In compliance with state law, Delta Community College has adopted an immunization policy to protect the students, faculty, and staff from outbreaks of measles, mumps, rubella, tetanus and diphtheria. The policy applies to all students <u>BORN AFTER 1956</u> if they are enrolling for the first time at Delta or if they are returning after an absence of one semester or more. Effective Fall 2006, all first-time freshmen attending Louisiana's postsecondary institutions must show proof of having received the meningitis vaccination.

Students will <u>NOT</u> be admitted to the college or allowed to complete registration unless they have furnished proof that they have satisfied the immunization requirements. That requirement can be met either by furnishing proof of immunity or by signing a waiver claiming exemption from the policy. These options are described below.

<u>Proof of Immunization:</u> If you were born after 1956, you must furnish proof of immunity to measles, mumps, rubella (MMR) and tetanus/diphtheria (T/D) by providing either proof of TWO immunizations for measles since birth or ONE immunization for measles at age 15 or later; at least ONE immunization to tetanus/diphtheria within the last ten years. If you are a first time freshman, you must provide proof of immunization for meningitis or indicate by signature that you were unable to meet this requirement due to unavailability of the vaccine. Your proof must be a signed record from a physician, public health clinic, or other health care provider, giving the dates of immunization or occurrence of disease or the results of a serologic test providing immunity. A copy of immunization records provided by a clinic or health care provider is satisfactory.

Immunization Requirement Waiver: You may claim exemption for medical, personal, or religious reasons. If you have a medical reason for not being immunized, or the vaccine in unavailable, you must submit evidence from your physician and the requirement will be waived. You may also claim exemption from the immunization requirements for personal or religious reasons. If you are not 18 years of age, a parent or legal guardian must sign the request for exemption. Persons who sign a waiver will be permitted to complete admission and the registration process. If you claim exemption from the immunization requirement for medical, personal or religious reasons, Delta Community College will require you to leave the campus and will exclude you from class in the event of an outbreak of measles, mumps, rubella, tetanus, diphtheria or meningitis. You will not be permitted back on campus or in class until the out break is over or until you submit proof of adequate immunizations.

For further information please contact

Louisiana Delta Community College Office of Admissions

Monroe Campus	
<b>Enrollment Services</b>	
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