SUNO
SOUTHERN UNIVERSITY at NEW ORLEANS

Student Immunization Compliance Form

Return to: Office of Admissions, 6400 Press Drive, New Orleans, LA 70126

STUDENT COMPLETES

Name: _____ ____ Date of Birth: Month _____Date_____Year_____

SS Number: _____-_____-_____ Phone # _____

Gender: Male Female email: _____ Country of birth: _____

Enrollment status: New Freshman Transfer Post Baccalaureate Graduate Country of residence: _____

Planned Entry Date: _____Fall 20_____ _____Spring 20_____ _____Summer 20_____

Permanent Address: _____

City: _____ State: _____ Zip Code: _____

PHYSICIAN OR HEALTH DEPARTMENT COMPLETES

Measles, Mumps, Rubella (MMR): #1 Month: _____ Day: _____ Year: _____

#2 Month: _____ Day: _____ Year: _____

Tetanus-Diphtheria-Pertussis (Required within 10 years):

Tdap Month: _____ Day: _____ Year: _____

Td Month: _____ Day: _____ Year: _____

Meningococcal (Required within 5 years):

Menactra Month: _____ Day: _____ Year: _____

or MENVEO Month: _____ Day: _____ Year: _____

HEALTH CARE PROVIDER

Name: _____ Date: _____

Signature: _____

Telephone (Area Code and Number): _____

Clinic stamp here:

REQUEST FOR EXEMPTION FROM IMMUNIZATION

If you request an exemption for medical or personal reasons, please check the appropriate box and provide the information requested.

☐ Medical Reasons ☐ Personal/Religious Reasons

State Reasons:

_____

I understand that if I claim exception I may be excluded from campus and from classes in the event of an outbreak of disease until the outbreak is over or I submit proof of immunization. If I am not 18 years of age, my legal guardian must sign below.

Student's Signature _____ Parent/Guardian_____

PLEASE MAKE A COPY OF THIS DOCUMENT FOR YOUR PERSONAL RECORDS
YOU WILL NOT BE PERMITTED TO REGISTER UNTIL YOU COMPLETE THIS FORM