



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

Name: \_\_\_\_\_ Semester of Enrollment: Fall \_\_\_ Spring\_\_\_ Summer\_\_\_ 20\_\_\_  
Please Print (Last) (First) (M.I.)

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

Date of Birth: \_\_\_\_\_ LSU ID Number: 89-\_\_\_\_-\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

**The above-named student requests an exemption for the following vaccine(s) (check all that apply):**

- MMR
- TETANUS
- MENINGOCOCCAL CONJUGATE (ACWY)

If you request an immunization exemption, please check the appropriate box:

- Medical
- Personal/Religious
- Shortage (unable to locate vaccine)

The above-named student understands that by submitting the LSU Exemption form for any of the required vaccines, they exempt at their own risk.

I have received and reviewed information from the Center for Disease Control and Prevention’s (CDC’s) website at <http://www.cdc.gov/nip/publications/VIS/default.htm> regarding vaccine preventable diseases and related vaccinations and have chosen not to be vaccinated.

The student releases LSU University, its faculty, staff and students from any and all claims, connected with an outbreak or threatened outbreak of disease or other public health immunization emergency on campus.

I understand that if I claim exemption for any of the reasons stated above, 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 also sign below.

Student’s Signature	Date
Parent or Legal Guardian, if required	Date

Please upload the completed form to the Patient Portal. It can be accessed on the Student Health Center homepage, [www.lsu.edu/shc](http://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](mailto:immunization@lsu.edu)  
 Fax: (225) 578-5282  
 Tel: (225) 578-0593  
 Web: [www.lsu.edu/shc](http://www.lsu.edu/shc)

Revised 06/21