



PROOF OF IMMUNIZATION COMPLIANCE

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: (____) _____

VACCINATION RECORDS AND TB RESULTS MUST BE COMPLETED AND SIGNED BY A MEDICAL PROVIDER

REQUIRED IMMUNIZATIONS		
MMR Two doses at least 28 days apart. 1 st dose after 1 st birthday. MMR #1 (Date) _____ MMR #2 (Date) _____ OR COPY OF SEROLOGIC TEST (TITERS) (Provide copy of results with form)	Tetanus Must be within last 10 years (T-dap recommended) Date: _____ Type: (Circle Type) TD TDAP	Meningitis (Quadrivalent Vaccine ACYW-135) One dose required at 16 years of age or older Date: _____ Type: (Circle Type) Menactra Menveo

TUBERCULOSIS (TB) QUESTIONNAIRE (Please see the questions below)	
1. Have you traveled to or lived in Africa, Asia (Excluding Japan), Caribbean Nations, Central/South America, Eastern Europe, India, Middle East, Portugal, or The South Pacific (Excluding Australia & New Zealand) for more than 4 weeks? If so where _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you been a resident, employee, or volunteer in a prison, homeless shelter, hospital, nursing home, or other long-term treatment facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you have AIDS/HIV or take immunosuppressive medication such as prednisone, chemotherapy, or biologics?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you ever had close contact with persons known or suspected to have active Tuberculosis disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If the answer to all the above questions is NO, no further action is required.
If the answer is YES to any of the questions above, you must obtain TB testing. (SEE STEPS BELOW)

Step 1: Tuberculin Skin Test: (Must be done within 1 year before completing this form) Positive if ≥ 10mm for questions 1 or 2 or ≥ 5mm for questions 3 or 4. Date applied: ____/____/____ Date read: ____/____/____ Injection Site: _____ Result: _____ mm of induration Interpretation: Negative ____ Positive ____
Step 2: IGRA (QFT or TSPOT) is required if PPD is positive. (Provide copy of results with form)
Step 3: If IGRA is positive a Chest X-ray is required. (Provide a copy of the X-Ray report with form. Cannot be done in place of TB test.)
Step 4: Students with a positive IGRA with no signs of active disease on chest x-ray are recommended to be treated for Latent TB. Name of Medications for treatment: _____ Date Initiated & Duration of treatment: _____ (Please provide copy of completion of treatment.) _____ Student has been treated or agrees to receive treatment. _____ Student declines treatment at this time and agrees to come in to the Student Health Center to sign the "Refusal of Treatment for Latent TB". Student also agrees to routine checkups to monitor progression of Latent TB.

Provider Signature: _____ **Date:** ____/____/____

Address: _____ **Phone:** (____) _____

****REMEMBER!** You will not be eligible to pay University fees until all immunization records are in compliance.

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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Phone: (225) 578-0593 Fax: (225) 578-5282 Email: immunization@lsu.edu

How to Submit

- 1) Make sure your health provider completes and signs the form and provides copies of required lab reports. All lab reports must indicate your name and date of birth.
- 2) Scan these documents. NOTE: Your files can be no larger than 4 MB. (Scan in black and white or at a setting of 150 DPI to achieve a smaller file.)
- 3) Visit our website at lsu.edu/shc.
- 4) Log on to the Patient Portal using your MyLSU log-on information (your email address without the @LSU.edu and your email password). On the “InCommon” page type LSU and select “Louisiana State University”. Check remember selection for this web browser session. (It may take up to three business days after you receive your email account before you can access the patient portal.)
- 5) Next, use the Upload link to upload your scanned copy of the completed form along with any necessary lab reports.
- 6) Once your form is uploaded, it may take up to five business days for the form to be reviewed and verified. Check your LSU email regularly for notification of messages from the Student Health Center.
- 7) You can confirm your compliance through the Patient Portal after the form has been reviewed and the information verified. Your records will be either “in compliance” which allows you to pay university fees for classes or “not compliant” which means you cannot pay university fees for classes until you submit the additional records required.
- 8) LSU must have evidence of a student’s compliance with the University policy and Louisiana law for immunizations. Failure to meet these requirements will result in a hold being placed on your student account, which will bar you from paying university fees and/or enrolling in classes.

Students who want to request an exemption/waiver for immunizations, visit <https://lsu.edu/shc/medical/immunizations.php> for instructions.

For assistance, please email
immunization@lsu.edu.