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** **Only offer exemption form if requested by student.**

☐ **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. 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: (888) 837-2607
Tel: (225) 578-0593
Web: www.lsu.edu/shc

Revised 11/25