

Immunization Compliance Waiver Form

(If you cannot or choose not to provide immunization documentation, you must complete the following)

Return this form to: LSUA Admissions Office

(Note: If the document will not save your data, please update your Adobe Reader)

Name:	<i>Please Print</i>	<i>(Last)</i>	<i>(First)</i>	<i>(MI)</i>			
Social Security Number:	-	-		Date of Birth:	Month	Day	Year
Semester:	Fall	Spring	Summer	YR:			100% online
PC ID (Office Use Only):			First Time Freshman	Transfer	Re-entry		Student

I understand that if I claim exemption/waiver from providing proof of immunization, I may be excluded from campus and from on campus 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 sign:

BE IT KNOWN that on this date, I _____
(Print Name of Student)

have been fully informed by reading the Centers for Disease Control and Prevention's *Meningococcal Vaccines-What You Need to Know* Vaccine Information Statement found at <http://www.cdc.gov/vaccines/hcp/vis/vis-statements/mening.pdf> and understand that my health could be negatively affected and my life possibly endangered by not receiving the vaccine.

I declare myself to be a person of full age of majority and to be mentally competent. I hereby assume full responsibility for any and all possible present or future results or complications of my condition as a result of not receiving recommended vaccinations. I do further hereby now and forever free and release the University or the Department of Health and Hospitals and all its agents, attending health care professionals, and other personnel from any and all legal or financial responsibility as a result of not receiving the vaccination. I certify that I have read (or have had read to me) and that I fully understand this Waiver of Vaccination and Release from Responsibility. All explanations were made to me and all blanks completed before signing my name. I have elected to not receive the vaccination or not to provide the records of my own free will.

I am requesting exemption/waiver of providing proof of the following immunizations:

- MMR (Measles, Mumps, Rubella)
- Tetanus
- Meningococcal

The reason I am requesting waiver from providing proof of immunizations is: (check all that apply)

Personal	Religious beliefs
Medical	I am 100% online student and will not come to campus
Unavailability of the Vaccine	

Applicant Signature _____ **Parent or Guardian (if student is under 18)** _____ **Date** _____

For Signature, type last name and last four digits of SSN

Remember! You will not be permitted to register for classes until you EITHER supply your immunization records OR complete and return this form. Make a copy of this form for your personal records. Students that sit out and reapply to the university must re-submit an immunization waiver form.