



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.) (Circle One)

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

Date of Birth: _____ LSU ID Number: 89-____-____ Telephone: (____) _____

Vaccination details and tuberculin skin test results, if needed, (shaded areas) must be completed by a medical provider.

REQUIRED VACCINATIONS (Must be completed by a Medical Provider)

<p>MMR Must be after the 1st birthday. 2nd dose needs to be at least 28 days after the 1st. MMR #1 (Date) _____ MMR #2 (Date) _____ Or a copy of serology test (titers) Submit a copy of the results with this form.</p>	<p>TDAP (Tetanus, Diphtheria, Pertussis) One dose in the last 10 years Date: _____</p>	<p>Meningitis ACWY-135 after age 16 (We do not require Meningitis B) Date: _____ Circle Type: Menactra Menveo MenQuadfi Nimenrix</p>
---	--	---

Medical Provider Signature: _____ Date: ____/____/____
Address: _____ Phone: (____) _____

TUBERCULOSIS (TB) QUESTIONNAIRE (To be completed by student)

1. Have you traveled to or lived in Africa, Asia (excluding Japan), Caribbean Nations, Central/South America, Eastern Europe, India, Mexico, Middle East, or The South Pacific (excluding Australia & New Zealand) for over 4 weeks? If so, where? _____ Yes No
2. Have you been a resident, employee, or volunteer in a prison, homeless shelter, hospital, nursing home, or other long- term treatment facility? Yes No
3. Do you have AIDS/ HIV, or have you taken immunosuppressive medication such as prednisone, chemotherapy, or biologics? Yes No
4. Have you ever had close contact with persons known or suspected to have active Tuberculosis disease? Yes No

If you answered "No" to all the questions above, no further action is required.
If you answered "Yes" to any of the questions above, you must obtain tuberculosis (TB) testing. (See steps below.)

Step 1: Tuberculin Skin Test: (Must be done within 1 year of completing this form)
Positive if $\geq 10\text{mm}$ for questions 1 or 2 or $\geq 5\text{mm}$ for questions 3 or 4
Date applied: ____/____/____ Date read: ____/____/____ Injection Site: _____
Result: _____ mm of induration Interpretation: Negative ____ Positive ____

Step 2: IGRA TB Blood Test (QFT Plus or TSPOT) is required if Tuberculin Skin Test is positive. You may take the blood test in place of the skin test. (A copy of the IGRA test results must be turned in with the form.)

Step 3: If IGRA is positive a Chest X-ray is required. (A copy of the X-ray results must be turned in with the form. A Chest X-ray cannot be taken in the place of a TB skin or blood test.)

Step 4: It is recommended that students with a positive IGRA with no signs of active disease on chest X-ray be treated for latent TB.
____ Student has been treated or agrees to receive treatment.
Name of treatment medications: _____
Date initiated and duration of treatment: _____ (Please provide copy of completion of treatment.)
____ Student declines treatment at this time and agrees to come 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.

Medical Provider Signature: _____ Date: ____/____/____
Address: _____ Phone: (____) _____

You will not be able to complete registration until you comply with the university immunization requirements. All documentation should be submitted prior to coming to campus.

Electronic Verification and Submission

- 1) Log-on to the Student Health Center Patient Portal using your myLSU credentials. Access it by visiting the Student Health Center homepage, www.lsu.edu/shc, and clicking on **Patient Portal** in the top right-hand corner or by using the direct link, www.lsu.edu/shcportal. It may take up to 3 business days after you receive your LSU email account before you can access the Patient Portal.
- 2) Check your immunization status by clicking on the **Immunizations** tab. If you are an in-state student, the Student Health Center may have received proof of some or all the required vaccinations through the Louisiana Immunization Network.

You are not “compliant” with the immunization requirements until we receive proof of required immunizations and a completed Tuberculosis (TB) Questionnaire.

- 3) Submit immunization information by clicking the **Upload** tab. Make sure your medical provider completed and signed the form and provided copies of any required lab reports. All lab reports must include your name and date of birth. Your files can be no larger than 4 MB. (Scan in black and white or at a setting of 150 DPI to decrease the file size.)

Once your documents are uploaded, it may take up to 3 business days to be reviewed and verified. Check your LSU email regularly for notification of secure messages from the Student Health Center.

- 4) Complete the Tuberculosis (TB) Questionnaire by clicking the **Forms** tab. It can be completed and submitted electronically. If you answer “No” to all questions, no further action is required. If you answer “Yes” to any of the questions, you must obtain tuberculosis (TB) testing.

You will not be able to complete registration until you comply with the university immunization requirements. All documentation should be submitted prior to coming to campus.

If you want to request an exemption/waiver for immunizations, visit our Patient Portal for instructions. www.lsu.edu/shcportal

The completed form can also be submitted in person, by mail, by fax or by email to:

LSU Student Health Center
Immunization Desk
16 Infirmary Lane
Baton Rouge, LA 70803

Email: immunization@lsu.edu
Fax: (888) 837-2607
Telephone: (225) 578-0593
Website: www.lsu.edu/shc