PROOF OF IMMUNIZATION COMPLIANCE
Louisiana R.S. 17:170/Schools of Higher Learning

Student Health Services: P.O. Box 43692 · Lafayette, LA 70504-3692 · Phone: 337-482-1293 · Fax: 337-482-1872

You must either have a physician or health care provider complete documentation of Immunizations, or submit the Universal Certificate of Immunizations provided by Louisiana Department of Health, Office of Public Health. If you have not been immunized for all of the required diseases, you may request an exemption by completing the Exemption Request form. The Tuberculosis Screening Questionnaire cannot be waived and must be completed.

<table>
<thead>
<tr>
<th>REQUIRED IMMUNIZATIONS</th>
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</thead>
<tbody>
<tr>
<td><strong>MMR (Measles, Mumps and Rubella)</strong></td>
</tr>
<tr>
<td>Two doses at least 28 days apart. First dose after 12 months of age. May submit titers for proof of immunization.</td>
</tr>
<tr>
<td>First Dose: ____________ or Titer: ____________ (Provide copy of Results)</td>
</tr>
<tr>
<td>Second Dose: ____________ Results: ____________</td>
</tr>
<tr>
<td><strong>MENINGITIS</strong> One dose at 16 years of age or older. Quadrivalent Vaccine A, C, Y, W-135</td>
</tr>
<tr>
<td>Last Dose: ____________ Choose one: □ Menactra □ Menveo</td>
</tr>
<tr>
<td><strong>TETANUS</strong> One of below doses. Must be within the last 10 years.</td>
</tr>
<tr>
<td>Last Dose: ____________ Choose one: □ TD □ TDAP</td>
</tr>
<tr>
<td><strong>COVID-19</strong> One dose of Johnson &amp; Johnson (Janssen) or Two doses of Moderna at least 28 days apart or Two doses of Pfizer at least 21 days apart or Other COVID vaccination that must be FDA or WHO approved.</td>
</tr>
<tr>
<td>1st Dose: ____________ 2nd Dose: ____________</td>
</tr>
<tr>
<td>Type: □ Johnson &amp; Johnson □ Moderna □ Pfizer □ Other FDA or WHO approved vaccine</td>
</tr>
</tbody>
</table>

Refer to Student Health Services website: https://studenthealth.louisiana.edu/ for instructions on how to submit forms and for information on LDH requirements: https://lalinks.org/linksweb/docs/Higher_Learning_Immunization_Requirements_March2020.pdf.

Please upload the completed form to the Patient Portal at ull.medicatconnect.com.
TUBERCULOSIS SCREENING QUESTIONNAIRE

(To be completed by all students before registration at Ul Lafayette.)

This Form Cannot Be Waived!

Failure to complete this form and submit to Student Health Services will result in an immunization hold on your account and will prevent you from registering for classes.

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Name: ___________________________ DOB: ___________ U Lid: ______________________

About This Form:
- UL Lafayette requires all enrolled students to complete the Tuberculosis Screening Questionnaire that assesses the risk of TB infection and disease. This aids in the prevention and control of tuberculosis on campus.
- If your Tuberculosis Screening Questionnaire is positive (answering ‘yes’ to any of the questions below), further testing is required. This can be a lengthy process.
- To avoid delays in receiving your ID and being able to enroll in your preferred classes, complete the screening as soon as you are able.
- Answer all questions completely and accurately. Misrepresentation of information could jeopardize your health and the health of others.
- If you are under 18 or if you are unsure how to complete the questionnaire, a parent or guardian may be able to assist you.

Please answer ‘YES’ or ‘NO’ to the following questions:

1. Have you ever had close contact with persons known or suspected to have active tuberculosis disease? □ Yes □ No

2. Were you born in one of the countries or territories listed below that have a high incidence of active TB disease? □ Yes □ No

If ‘YES’, please circle the country below:
Angola □ Cambodia □ Ethiopia □ Ghana □ Kenya □ Moldova □ Papua New Guinea □ South Africa □ Ukraine
Azerbaijan □ Cameroon □ Eritrea □ Gambia □ Korea □ Mozambique □ Peru □ Swaziland □ Uzbekistan
Bangladesh □ Central Africa Republic □ Guinea-Bissau □ India □ Kyrgyzstan □ Lesotho □ Myanmar □ Philippines □ Tajikistan □ Viet Nam
Belarus □ Chad □ India □ Lesotho □ Malaysia □ Namibia □ Russian Federation □ Tanzania □ Zambie
Botswana □ China □ Lebanon □ Malawi □ Maxim □ Philippines □ Sierra Leone □ Timor Leste □ Zimbabwe
Brazil □ Congo □ Kazakhstan □ Korea □ Mozambique □ Peru □ Swaziland □ Uzbekistan

3. In the last 5 years, have you visited one or more of the countries or territories listed above with a high prevalence of TB disease? (If ‘YES’, please check the countries or territories, above) □ Yes □ No

4. Have you been a resident and/or employee of high risk congregate settings (e.g., correctional facilities, long-term care facilities, and homeless shelters)? □ Yes □ No

5. Have you been a volunteer or health care worker who served clients who are at increased risk of active TB disease? □ Yes □ No

6. Have you ever been a member of any of the following groups that may have an increased incidence in latent M. Tuberculosis infection or active TB disease: medically underserved, low-income, or abusing drugs or alcohol? □ Yes □ No


If the answer to all of the above questions is ‘NO,’ no further testing or action is required except to turn form in to SHS.

If the answer is ‘YES’ to any of the questions above, you will be required to undergo further evaluation including a TB skin test (TST/PPD) or blood test prior to beginning class. Have your healthcare provider complete the attached TB Risk Assessment and testing form and return it to Student Health Services. Documentation of a negative TB skin test obtained in the past year may be accepted. Appropriate documentation includes:

1. PPD (Mantoux) Skin test read and documented in millimeters of induration or IGRA blood test results. Both must be within the last 12 months.
2. If you have received treatment for active TB disease, you will need to provide proper documentation of treatment to Student Health Services prior to attending class.

Turn completed form into Student Health Services by mail, via fax, in person, or email to: immunizations@louisiana.edu prior to the start of school. This questionnaire can also be answered electronically via the patient portal. Patient portal is accessible through UNLink using your ULID and password. Any detailed information about how to complete this form or how to get follow-up testing can be explained via email or at Student Health Services.