

LOUISIANA DELTA COMMUNITY COLLEGE

Division of Student Affairs · Department of Enrollment Services

Proof of Immunization

PROOF OF IMMUNIZATION COMPLIANCE

(LOUISIANA R.S. 17:170 SCHOOLS OF HIGHER LEARNING)

VACCINATION REQUIREMENTS ARE APPLICABLE ONLY TO STUDENTS BORN ON OR AFTER JANUARY 1, 1957

To be completed by student (Please Print):

Last Name: _____ First Name: _____ M.I. _____

Social Security Number: _____ Date of Birth: _____

To be completed by Physician or other Health Care Provider:

MEASLES (Rubeola)

1st Immunization Date: _____ and 2nd Immunization Date: _____ or

Date of Disease: _____ or Serologic Test Date: _____ and Result: _____

RUBELLA

Immunization Date: _____ or Serologic Test Date: _____ and Result: _____

MUMPS

Immunization Date: _____ or Date of Disease: _____ or

Serologic Test Date: _____ and Result: _____

TETANUS-DIPHTHERIA

Immunization Date: _____ (Date within last 10 years)

MENINGITIS (Acts 251 and 711 of the 2006 Regular Legislative Session mandate this vaccine for first time freshmen)

Meningococcal Vaccine Date: _____

or sign below indicating that student could not comply with this requirement due to unavailability of vaccine

Student Signature

Parent Signature

Date

Verification by Physician or Health Care Provider:

Signature: _____ Title: _____ Date: _____

You may submit a copy of immunization records for verification. Attach to this form:

Request for exemption: I request an exemption for the reason indicated below:

____ Medical Reasons: Physician or other health care provider must provide written statement listing medical reason

____ Personal Reasons: Student or parent/guardian must state reason below:

*I understand that if I claim exemption for personal or medical reasons, I may be excluded from campus in the event of an outbreak of **measles, mumps, rubella, tetanus, diphtheria or meningitis** until the outbreak is over or until I submit proof of immunization. If I am not 18 years of age, my parent/guardian must sign below.

Student Signature

Parent Signature

Date:

THIS FORM IS A REQUIRED DOCUMENT AND MUST BE COMPLETED AND RETURNED WITH THE APPLICATION FOR ADMISSION. YOU WILL NOT BE ADMITTED OR ALLOWED TO ENROLL UNTIL THIS COMPLETED FORM IS RETURNED.

(Make a copy of this form for your personal records)

(See back of this document for Compliance Policy)

Louisiana Delta Community College

Immunizations Compliance Policy

At the time of application and prior to admission to Delta Community College; all students born after 1956 must show proof of measles, mumps, rubella (MMR), and tetanus/diphtheria (T/D) immunizations. Effective Fall 2006, all first-time freshmen attending Louisiana's postsecondary institutions must show proof of having received the meningitis vaccination or provide a properly executed waiver at registration. This additional requirement is the result of Acts 251 and 711 of the 2006 Regular Legislative Session. Failure to show documentation will necessitate a waiver being signed with the restrictions shown below.

In compliance with state law, Delta Community College has adopted an immunization policy to protect the students, faculty, and staff from outbreaks of measles, mumps, rubella, tetanus and diphtheria. The policy applies to all students BORN AFTER 1956 if they are enrolling for the first time at Delta or if they are returning after an absence of one semester or more. Effective Fall 2006, all first-time freshmen attending Louisiana's postsecondary institutions must show proof of having received the meningitis vaccination.

Students will NOT be admitted to the college or allowed to complete registration unless they have furnished proof that they have satisfied the immunization requirements. That requirement can be met either by furnishing proof of immunity or by signing a waiver claiming exemption from the policy. These options are described below.

Proof of Immunization: If you were born after 1956, you must furnish proof of immunity to measles, mumps, rubella (MMR) and tetanus/diphtheria (T/D) by providing either proof of TWO immunizations for measles since birth or ONE immunization for measles at age 15 or later; at least ONE immunization to tetanus/diphtheria within the last ten years. If you are a first time freshman, you must provide proof of immunization for meningitis or indicate by signature that you were unable to meet this requirement due to unavailability of the vaccine. Your proof must be a signed record from a physician, public health clinic, or other health care provider, giving the dates of immunization or occurrence of disease or the results of a serologic test providing immunity. A copy of immunization records provided by a clinic or health care provider is satisfactory.

Immunization Requirement Waiver: You may claim exemption for medical, personal, or religious reasons. If you have a medical reason for not being immunized, or the vaccine is unavailable, you must submit evidence from your physician and the requirement will be waived. You may also claim exemption from the immunization requirements for personal or religious reasons. If you are not 18 years of age, a parent or legal guardian must sign the request for exemption. Persons who sign a waiver will be permitted to complete admission and the registration process. If you claim exemption from the immunization requirement for medical, personal or religious reasons, Delta Community College will require you to leave the campus and will exclude you from class in the event of an outbreak of measles, mumps, rubella, tetanus, diphtheria or meningitis. You will not be permitted back on campus or in class until the outbreak is over or until you submit proof of adequate immunizations.

For further information please contact

Louisiana Delta Community College Office of
Admissions

Monroe Campus	Bastrop Campus	Ruston/Farmerville	Tallulah /Lake Providence	West Monroe Campus	Winnsboro Campus
Enrollment Services	Student Success Services	Student Success Services	Student Success Services	Student Success Services	Student Success Services
7500 Millhaven Rd.	729 Kammell St.	1010 James St.	132 Old Hwy 65 South	609 Vocational Parkway	1710 Warren St.
Monroe, LA 71203	Bastrop, LA 71221	Ruston, LA 71273	Tallulah, LA 71284	West Monroe, LA 71292	Winnsboro, LA 71295
318-345-9003	318-283-0836	318-251-4145	318-574-4820	318-397-6100	318-435-2163