



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 align="center">MMR</p> <p>Given after the 1st birthday. 2nd dose needs to be at least 28 days after 1st.</p> <p>MMR #1 (Date) _____</p> <p>MMR #2 (Date) _____</p> <p>Or Serology test (titers) Submit a copy of the results.</p>	<p align="center">TDAP</p> <p>(Tetanus, Diphtheria, Pertussis) One dose in the last 10 years</p> <p>Date: _____</p>	<p align="center">Meningitis ACWY-135 after age 16</p> <p>Date: _____</p> <p>Name of vaccine given: _____</p> <p>(We do not accept Meningitis B vaccines Bexsero or Trumenba in its place)</p>
<p>Medical Provider Signature: _____</p>		<p>Date: ____/____/____</p>
<p>Address: _____</p>		<p>Phone: (_____) _____</p>

TUBERCULOSIS (TB) QUESTIONNAIRE (To be completed by student)	
1. Were you born in Africa, Asia (excluding Japan), Caribbean Nations, Central/South America, Eastern Europe, India, Mexico, Middle East, or the South Pacific (excluding Australia & New Zealand)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you lived or traveled to the countries listed above for more than four weeks.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been a resident, employee, or volunteer at a correctional facility, homeless shelter, hospital, medical clinic, nursing home, or other long-term treatment facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do you have AIDS/ HIV, or have you taken immunosuppressive medication such as prednisone, chemotherapy, or biologics?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you ever had close contact with persons known or suspected to have active Tuberculosis disease?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 3 or $\geq 5\text{mm}$ for questions 4 or 5
 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 the Tuberculin Skin Test is positive. You may take the blood test in place of the tuberculin skin test. (A copy of the IGRA test results must be turned in with the form.)

Step 3: If the IGRA is positive a Chest X-ray is required. (A copy of the X-ray results must be turned in with this form. A Chest X-ray cannot be taken in the place of a tuberculin 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 the progression of latent TB.

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

Failure to submit proof of required immunizations, immunity, or a valid exemption in accordance with Louisiana Revised Statutes § 17:170 and University policy may result in administrative actions affecting course registration or class attendance.

Electronic Verification and Submission

- 1) Log-on to the Patient Portal using your myLSU credentials. You can access it by visiting 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 **Immunizations** on the home page. 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.

If you are an OUT OF STATE student, you may be able to request your records be electronically sent to us on the Patient Portal under Request Immunization Records Electronically tab.

(<https://lsu.medicatconnect.com/immunizationlanding.aspx>). If all or some of your records are not transmitted over, you will need to provide them.

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

- 3) You can submit immunization information by clicking the **Upload** tab on the Patient Portal. 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.

Failure to submit proof of required immunizations, immunity, or a valid exemption in accordance with Louisiana Revised Statutes § 17:170 and University policy may result in administrative actions affecting course registration or class attendance.

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