



Medical and Non-Medical Exemption – Louisiana Vaccine Requirements
Louisiana R.S. 17:170/Schools of Higher Learning

Name: _____ Semester of Enrollment: Fall ____ Spring ____ Summer ____ 20____
Please Print (Last) (First) (M.I.)

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

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

I, the above-named student, request an exemption for the following vaccine(s). (Check all that apply.)

- ☐ **MENINGOCOCCAL CONJUGATE (ACWY)**
- ☐ **MEASLES/ MUMPS/ RUBELLA**
- ☐ **TETANUS**

I request an immunization exemption, based on the following reason(s):

- ☐ **Medical**
- ☐ **Personal/ Religious**
- ☐ **Shortage (unable to locate vaccine)**

I understand that by submitting this form for any of the required vaccines, I exempt at my own risk.

I have received and reviewed information from the Centers for Disease Control and Prevention (CDC) website at <https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/index.html> regarding vaccine preventable diseases and related vaccinations and have chosen not to be vaccinated.

I release Louisiana State University, its faculty, staff and students from any and all claims, connected with an exposure, outbreak or threatened outbreak of disease or other public health emergency on campus.

I understand that if I claim exemption for any of the reasons stated above, I may be excluded from campus and from classes in the event of an outbreak of a related disease until the outbreak is over or until I submit proof of immunization(s).

If I am under 18 years of age, I understand that my parent or legal guardian must also sign below.

Student Signature

Date

Parent or Legal Guardian (if required)

Date

Please upload the completed form to the Patient Portal. It can be accessed on the Student Health Center homepage, www.lsu.edu/shc. Students can log-on to the portal using their myLSU log-on information. Compliance can also be confirmed through the portal after the form has been reviewed and the information verified.

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: (225) 578-5282
Phone: (225) 578-0593
Web: www.lsu.edu/shc

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