



Proof of Immunization Compliance

(Louisiana R.S. 17:170 Schools of Higher Learning)

Your admission to Southeastern is not complete without this information

Name: Last _____	First _____	Middle Initial _____
Social Security Number: _____		Date of Birth: _____
Semester and Year you are applying for: _____		

Physician/Health Care Provider Verification

MEASLES (Rubeola)	OR
1 st Immunization Date: _____	Date of Disease: _____
and	OR
2 nd Immunization Date: _____	Serologic Test Date and Result: _____
RUBELLA	MUMPS
Immunization Date: _____	Immunization Date: _____
OR	OR
Serologic Test Date and Result: _____	Serologic Test Date and Result: _____
TETANUS-DIPHTHERIA	Immunization Date: _____

Health Care Provider Signature: _____	Date: _____
Address or Stamp: _____	

Request for Exemption

If you request exemption for medical or personal reasons, please check the appropriate blank below and provide the information requested.

- Medical Reasons** (Physician's statement, use space below)
 Personal Reasons (Use space below to state reason)

I understand that if I claim exemption for medical/personal reasons, I may be excluded from campus and from classes in the event an outbreak of measles, mumps, or rubella occurs until the outbreak is over or until I submit proof of immunization.

Student Signature and Date	Parent/Guardian Signature <i>(if student is not 18 yrs. or older)</i>
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