

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