



**OUR LADY  
OF THE LAKE  
COLLEGE**

*Franciscan Missionaries of  
Our Lady Health System*

**PROOF OF IMMUNIZATION COMPLIANCE**  
(Louisiana R.S. 17:170 Schools of Higher Learning)

**Vaccine Requirements Are Applicable Only To Students Born On Or After January 1,1957**

(PLEASE PRINT)

Name: \_\_\_\_\_  
(Last) (First) (M)

SS#: \_\_\_\_\_ Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**Physician or Other Health Care Provider Verification:**

Measles (Rubeola)	Rubella	Mumps	Tetanus-Diphtheria
1 st Immunization: _____ (Date)	Immunization: _____ (Date)	Immunization: _____ (Date)	Immunization: _____ (Date within 10 years)
and	or	or	
2 nd Immunization: _____ (Date)	Serologic Test: _____ (Date)	Date of Disease: _____ (Date)	
or	and	or	
Date of Disease: _____ (Date)	Result: _____	Serologic Test: _____ (Date&Result)	
or			
Serologic Test: _____ (Date & Result)			

Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Physician or Other Health Care Provider)

**REQUEST FOR EXEMPTION:**

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

1. Medical reasons: \_\_\_\_\_ (Physician's statement – use space below)
2. Personal reasons: \_\_\_\_\_ (State reason in space provided)

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

\_\_\_\_\_  
(Student's Signature) (Date) (Parent or Guardian, if required) (Date)

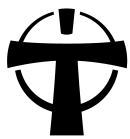
**THIS FORM IS A REQUIRED DOCUMENT AND MUST BE COMPLETED AND RETURNED WITH YOUR APPLICATION**

**REMEMBER!**

**YOU WILL NOT BE ADMITTED NOR PERMITTED TO ENROLL UNTIL THIS COMPLETED FORM IS RETURNED**

**IMPORTANT: Make a copy of this form for your personal record**

**Our Lady of the Lake College • Attn: Admissions • 7434 Perkins Road • Baton Rouge, LA 70808**



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## **IMMUNIZATION POLICY**

**At the time of registration** all students born after 1956 must show proof of measles, mumps and rubella (MMR) and tetanus/diphtheria (T/D) immunizations. Failure to show documentation will necessitate a waiver being signed with the restrictions as described below.

In compliance with state law, OLOL 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 OLOL College or if they are returning after an absence of one semester or more.

Students will **not** be allowed to complete registration unless they have furnished proof that they have satisfied the immunization requirement. That requirement can be met either by furnishing proof of immunity or by signing a waiver claiming exemption from the immunization 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:

1. either proof of TWO immunizations for measles since birth or ONE immunization for measles at age 15 or later;
2. at least ONE immunization for mumps and rubella;
3. and ONE immunization to tetanus/diphtheria within the last ten years.

Your proof must be a signed record from a physician, public health clinic, or other health care provider giving:

1. the dates of immunization or
2. the dates of occurrence of disease or
3. the date and results of a serologic test proving immunity.

A copy of a “shot” record provided by a clinic or health care provider is satisfactory.

**Waiver from Immunization Requirement.** You may claim exemption for medical, personal, or religious reasons. If you have a medical reason for not being immunized, you must submit evidence from your physician and the requirement will be waived. You may also claim exemption from the immunization requirement for personal or religious reasons. If you are not 18 years of age, a request for exemption must be signed by a parent or legal guardian. Persons who sign a waiver will be permitted to complete the registration process. If you claim exemption from the immunization requirement for medical, personal, or religious reasons, the 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, or diphtheria. You will not be permitted back on campus or in class until the outbreak is over or until you submit proof of adequate immunization.