McNeese STATE UNIVERSITY
A Member of the University of Louisiana System

Proof of Immunization (Required for Admission)

LG ***LS*** ***TC*** ***Entered*** ***Received***

NOTE! All students born after 1956 who are attending MSU for the first time must complete and return this form. (Louisiana R.S. 17:170 Schools Higher Learning)

STUDENT

Name : _____
(Last) (First) (M.I.)

Street Address: _____ City/State/Zip: _____

Area Code/Phone: _____ Semester Applied: _____

SSN: __ __ __ - __ __ - __ __ __ __ Birth Date: __ __ - __ __ - __ __

PHYSICIAN

PHYSICIAN OR OTHER HEALTH CARE PROVIDER VERIFICATION:
Dates of Immunization:

DTP/Td	MMR
1st _____	1st _____
2nd _____	2nd _____
3rd _____	**Measles (Rubeola)**
B _____	Date of Disease: _____
B _____	Serologic Test: _____
B _____	**Rubella**
Certifying Official: _____	Date of Disease: _____
Name: _____	Serologic Test: _____
Address: _____	Area Code/Phone: _____
_____	_____
(Signature of physician or health care provider)	(Date)

EXEMPTION

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

_____ Medical Reasons-physician statement in space provided below

_____ Personal Reasons-state reason in space provided below

_____

_____

I understand if I claim exemption from the immunization requirement for medical or personal reasons, the University will require me to leave the campus and exclude me from class in the event of an outbreak of measles, mumps, or rubella on the campus. An outbreak is defined as one case of measles, mumps, or rubella. I will not be permitted back on campus or in class until the outbreak is over or until I submit proof of adequate immunization.

_____ _____

(Student's Signature) (Date) (Parent or Guardian's Signature required) (Date)

Return completed application to:
MSU Applications • P.O. Box 91740 • Lake Charles, LA 70609-1740 • (337) 475-5748 or 1-800-622-3352 ext. 5748 EEO/AA/ADA