Office of Student Health Services 1 Drexel Drive – Box 36 New Orleans, La.70125

## Medical / Non-Medical Immunization Exemption Form Louisiana R.S.17:170: Schools of Higher Learning

Office: (504) 520-7396

Fax: (504) 520-7962

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All students are required to use Med+Proctor to submit medical/immunization records. Students will be required to create an account @ <a href="https://www.medproctor.com/">https://www.medproctor.com/</a> and upload their documents.

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Name:		Date of Birth:
Student XULA ID#:	DOB:	XULA Email:
Address:		Cellular Phone:
I request an exemption for the required immuni	ization(s): (Check a	all that apply below)
Measles Rubella	Tetanus	Meningitis (ACWY)
I request exemption from immunizations for the	e following reason	checked below:
Medical reasons: Personal / Religious:	National Sh	nortage:
I understand that by submitting this form for a	ny of the required i	mmunizations:
• I exempt at my own risk		
<ul> <li>I may be excluded from campus and classe incubation period has expired or until I sub Legislature R.S.17:170)</li> </ul>		
• I <b>forfeit</b> my right to live in Xavier Univers residential halls. <b>No Exceptions</b>	ity of Louisiana ma	in campus and/or satellite campuses
I have reviewed information from the Centers for I		

**Louisiana R.S.17:170:** In the event of an outbreak of a vaccine-preventable disease at the location of an educational institution or facility enumerated in Subsection A of this Section, the administrators of that institution or facility are empowered, upon the recommendation of