



XAVIER

UNIVERSITY OF LOUISIANA

Dear Student;

Louisiana Law (R.S.17:170) Schools of higher learning requires all **students** entering Xavier University of Louisiana to submit the required immunizations listed below.

Returning students will be required to update those immunizations that are outdated. Please contact Student Health Services @ (504)520-7396 to confirm which immunizations you will need to update.

Please submit your completed form to healthservices@xula.edu or Fax to: (504)520-7962

Directions for completion of the Required Immunizations & Consent for Care Form

- **Page 1** is required for all individuals with the exception of **on-line** students who will not be attending classes on campus.
- **Page 1** must be **completed, and signed** by the student's physician/medical provider.
- Only state computer generated printouts of previous vaccines will be accepted without a physician signature. **NO EXCEPTIONS!!! Complete the top of the immunization form and attach the state generated printout.**
- **Page 2 (Consent for Care Form)** must be completed and signed by a parent or legal guardian for those students that are 17 years of age or younger.
- Please have the required immunization form completed and return by **July 1st**. Failure to do so will result in your registration being delayed.

Required Immunizations

Measles, Mumps, Rubella (MMR) requirement: Two (2) doses of live vaccine required at least 28 days apart, 1st MMR dose must be given on or after the first birthday. If born prior to 1957, vaccine not required. Documentation of immunity by serologic test is also acceptable.

Tetanus-Diphtheria-Pertussis (Td, T-dap) One (1) dose of vaccine given within the past ten (10) years.

Meningococcal Meningitis (Quadrivalent vaccine A, C, Y, W-135): One (1) dose required at 16 years of age or older. Not required for those 55yrs.or older.

Recommended Immunizations

Hepatitis B Vaccine: Three (3) doses

Varicella: Two (2) doses

Recommendation on COVID-19 Vaccines and Boosters:

It is strongly recommended that all individuals be vaccinated against COVID-19 with the original Pfizer/Moderna or J&J vaccines and maintain current booster(s) against COVID-19 as they become available. Proof of COVID-19 vaccines and boosters may be submitted with required immunization form. **Xavier University of Louisiana maintains the right to resume mandatory testing and vaccinations to mitigate the spread of COVID-19 outbreak.**



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UNIVERSITY OF LOUISIANA

Required Immunizations

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

Student ID# _____ (or SSN #)

Fall ____ Spring ____ Summer ____ 20 ____

On-Campus ____ Off-Campus ____

Name: _____
LAST FIRST MIDDLE

Birth Date: ____/____/____ Age: ____ Sex: ____ Gender: ____ Email: _____

Home Address _____
P.O. BOX / STREET CITY STATE ZIPCODE

Home Phone: _____ Cellular Phone: _____

Required Immunizations

Two (2) doses of MMR required at least 28 days apart. 1st dose after 12 months of age.
If born prior to 1957 vaccine not required. Copy of Serologic Test (Titers) are accepted.

MMR#1: _____

OR

Measles (Rubeola) #1: _____

MMR#2: _____

Measles (Rubeola) #2 _____

Mumps: _____

Rubella: _____

Td / Tdap: _____
Dose must be within last 10 years
(Tdap Recommended)

MENINGITIS: _____
(Quadrivalent vaccine A, C, Y, W-135)
One (1) dose required at age 16
years of age or older. 55 yrs. old
or older vaccine not required.

Provider/Clinic Name: _____ Office Phone #: _____

Address: _____ Fax Phone #: _____

Provider Signature: _____ Date: ____/____/____

Recommended Immunizations

Varicella 1: _____

Hepatitis B1: _____

Varicella 2: _____

Hepatitis B2: _____

Hepatitis B3: _____

COVID-19 VACCINE (Check type of vaccine): ____ Pfizer (2) Doses ____ Moderna (2) Doses ____ Johnson & Johnson (1) Dose
(Moderna is given 28 days apart and Pfizer is given 21 days apart)

Moderna or Pfizer #1 _____ #2 _____ J & J _____

Booster(s): _____

CONSENT FOR CARE

**FOR ALL STUDENTS 17YRS. OR YOUNGER PARTICIPATING
IN UNIVERSITY AFFILIATED PROGRAMS.**

I understand that in accordance with Xavier University of Louisiana Policy a signed consent form from a parent or legal guardian must be on file at the university's Student Health Services before providing treatment to minors who are attending or participating in university affiliated programs.

In that regard, I hereby request and authorize Xavier University Student Health Services Center to provide:

(Print) Student/Participant Name	XULA ID#	Date of Birth
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health care services available and deemed necessary by the medical staff of the Xavier University Health Services Center. These services may include, but are not limited to, such procedures as evaluation and treatment of acute illnesses and injuries. Consent is specifically given for care in the event the above-named minor student/participant presents him/herself for treatment in my absence. I also consent to allow my student to participate in the university COVID-19 surveillance testing program if or when reinstated. I authorize my student's test results to be disclosed to the county, state, or to any governmental entity as may be required by law and that a positive test result is an indication that they must self-isolate in an effort to avoid infecting others.

I also consent to Xavier University Student Health Services staff contacting any such persons or agencies for the purpose of providing or receiving information and records necessary for the care of the aforementioned minor student and will sign any necessary forms in that regard.

This Consent for Care is authorized for the length of time the participant is enrolled in the University. I may choose to withdraw the consent at any time by contacting Xavier University of Louisiana Student Health Services in writing. My permission is hereby given to Xavier University of Louisiana, through its appointed representative(s) to use discretion in providing, at my expense (personal / insurance, etc.) emergency care.

Parent/Guardian's Name (Print): _____

Last	First	MI

Parent/Guardian's Signature: _____

Last	First	MI	Date
_____	_____	_____	_____

Home Phone: () _____ Cellular Phone: () _____

EMERGENCY CONTACT INFORMATION:

Name (Print): _____

Last	First	MI
	Relationship	

Home Phone: () _____ Cellular Phone: () _____

Name (Print): _____

Last	First	MI
	Relationship	

Home Phone: () Cellular Phone: ()