



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Returning students will be required to update those immunizations that are outdated.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 Centr for Health and Wellness @ (504)520-7396 to confirm which immunizations you will need to update.

Please submit your completed form to healthservices@xula.edu or Fax to: (877) 797-0813

Directions for completion of the Required Immunizations 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.**
- Please have the required immunization form completed. Forms should be returned by **July 1st** for fall semester and **December 1st** for spring semester enrollments. 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

**Thank you,
The Center for Health and Wellness**



XAVIER

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: _____

PLEASE EMAIL YOUR COMPLETED FORM TO
healthservices@xula.edu