



# 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Returning students will be required to update those immunizations that are outdated.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](mailto: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 1<sup>st</sup>** for fall semester and **December 1<sup>st</sup>** 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, 1<sup>st</sup> 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