



#### 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Returning students will be required to update those immunizations that are outdated.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.

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

#### 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 1<sup>st</sup>. 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

#### **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.



# **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:	FIRST	MIDDL	F		
Birth Date:/ Age: Sex:	Gender	Email			
Home Address P.O. BOX / STREET	CITY	STATE		ZIPCO	
Home Phone:	Required Immuniz				
Two (2) doses of MMR requi			2 months of	fage	
If born prior to 1957 vaccine					
MMR#1:	OR	Measles (Rubeola	Measles (Rubeola) #1:		
		Measles (Rubeola	a) #2		
MMR#2:		Mumps:			
		Rubella:			
Td / Tdap: Dose must be within last 10years (Tdap Recommended)		MENINGITIS:	One (1) do	ose requir ge or olde	e A, C, Y, W-135) red at age 16 er. 55 yrs. old required.
Provider/Clinic Name:		Office Phone #:			
Address:		Fax Phone #:			
Provider Signature:			Date:	1	1
-	ecommended Imm	unizations			
Varicella 1:		Hepatitis B1:			
Varicella 2:		Hepatitis B2:			
		Hepatitis B3:			
COVID-19 VACCINE (Check type of vaccine): I (Moderna is given		_ Moderna (2) Doses fizer is given 21days ap		& Johns	on (1) Dose
Moderna or Pfizer #1	#2	J&J			
Booster(s):					

## CONSENT FOR CARE FOR ALL STUDENTS 17YRS. OR YOUNGER PARTICPATING 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

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	Fi	rst		MI
Parent/Guardian's Signature:	Last	Firs	st	MI	Date
Home Phone: ( )		Cellular Phone: (	( )		
EMERGENCY CONTACT INF	ORMATIO	N:			
Name (Print):Last	Firs	st ationship	MI		
Home Phone: ( )		Cellular Phone	:()_		
Name (Print):Last	Firs	st ationship	MI		
Home Phone: ( )		Cellular Phone	:()_		

(2)