



Request for Exemption from Immunizations

Louisiana R.S. 17:170 ----Schools of Higher Learning
Student Health Services • P.O. Box 43692 Lafayette, LA 70504-3692
Phone: (337)482-1293 Fax: (337)482-1872

Name: _____ Date of Birth: _____

ULID: _____ Semester Enrollment: _____

UL Lafayette email: _____ Phone: (_____) _____

I am requesting an exemption from one or more of the following vaccination(s) and I am aware of the risks.

Vaccinations that I am requesting Exemption:

MMR 1st dose MMR 2nd dose TETANUS MENINGITIS

Reason for Immunization exemption requesting:

Medical Religious Personal Shortage

Understand the Risks and Responsibilities

Pursuant to Louisiana R.S. 17:170: In the event of an outbreak of a vaccine-preventable disease at the University of Louisiana at Lafayette, the administrators are empowered, upon the recommendations of the Office of Public Health to exclude from attendance unimmunized students until the appropriate disease incubation period has expired or the unimmunized person presents evidence of immunization.

By signing below, I understand that if I claim exemption for personal or medical reasons, I may be excluded from campus and from classes in the event of an outbreak of Measles, Mumps, Rubella or Meningitis until the outbreak is over or until I submit proof of immunizations. I understand that if I decline any of the required vaccinations, I continue to be at risk for serious disease. I can always receive the vaccine(s) at any time. I have read and understand the vaccine information from the Centers for Disease Control and Prevention and understand risks and responsibilities in exempting/waiving the required immunizations.

Student Signature: _____ Date: _____

If student is not 18 years of age, legal guardian must sign below.

Parent or Guardian Signature (*if required): _____ Date: _____

Please upload the completed form to the Patient Portal at ull.medicatconnect.com