



Office of Student Health Services
1 Drexel Drive – Box 36
New Orleans, La.70125

Office: (504) 520-7396
Fax: (504) 520-7962

**Medical / Non-Medical
 Immunization Exemption Form
 Louisiana R.S.17:170: Schools of Higher Learning**

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

Fall ___ Spring ___ Summer ___ 20___

Name: _____ Date of Birth: _____

Student XULA ID#: _____ DOB: _____ XULA Email: _____

Address: _____ Cellular Phone: _____

I request an exemption for the required immunization(s): (Check all that apply below)

Measles ___ Mumps ___ Rubella ___ Tetanus ___ Meningitis (ACWY) ___

I request exemption from immunizations for the following reason checked below:

Medical reasons: ___ Personal / Religious: ___ National Shortage: ___

I understand that by submitting this form for any of the required immunizations:

- I exempt at my own risk
- I may be excluded from campus and classes in the event of an outbreak until the appropriate disease incubation period has expired or until I submit proof of immunization(s). **(Refer to Louisiana State Legislature R.S.17:170)**
- I **forfeit** my right to live in Xavier University of Louisiana main campus and/or satellite campuses residential halls. **No Exceptions**

I have reviewed information from the Centers for Disease Control and Prevention (CDC) website at: <https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/index.html> regarding vaccine preventable diseases and related vaccinations and have chosen not to be vaccinated.

I do further hereby now and forever free and release Xavier University of Louisiana, its faculty, staff, students' and other personnel from any and all legal and/or financial responsibility, connected with an exposure, outbreak or threatened outbreak of disease or other public health emergency on campus.

Student Signature: _____ Date: ___/___/___

Students 17 years or younger parent or legal guardian must sign below.

Parent/Guardian Signature: _____ Date: ___/___/___

Louisiana R.S.17:170: In the event of an outbreak of a vaccine-preventable disease at the location of an educational institution or facility enumerated in Subsection A of this Section, the administrators of that institution or facility are empowered, upon the recommendation of the Office of Public Health, to exclude from attendance unimmunized students and clients I understand that if I claim exemption for the reason stated above I may be excluded from campus and classes in the event of an outbreak as stated in Louisiana State Legislature R.S.17:170.