

OUR LADY OF HOLY CROSS COLLEGE

Certificate of Immunization

Name: _____				
	Last	First	M.I.	Maiden
Address: _____				
	Street	City	State	Zip
Phone #: _____		Date of birth: _____		Social Security #: _____
Date of first attendance: _____			Today's date _____	

STUDENTS TO COMPLETE AREA ABOVE;
HEALTH CARE PROVIDER TO COMPLETE INFORMATION BELOW.

IMMUNIZATION POLICY

THE LOUISIANA LEGISLATURE HAS PASSED ACT 1047 REQUIRING THAT STUDENTS BE IMMUNIZED AGAINST PREVENTABLE AND/OR COMMUNICABLE DISEASES, INCLUDING BUT NOT LIMITED TO: MEASLES, MUMPS, RUBELLA, AND TETANUS-DIPHThERIA.

THEREFORE, OLHCC REQUIRES ALL STUDENTS TO PROVIDE PROOF OF IMMUNIZATION AGAINST THE LISTED DISEASES. IF YOU WERE BORN AFTER JANUARY 1, 1957, WE NEED PROOF OF TWO LIVE MEASLES VACCINES. IF YOUR WERE BORN PRE-1957, YOU MUST SUBMIT PROOF OF A TETANUS-DIPHThERIA THAT HAS BEEN ADMINISTERED WITHIN THE PAST 10 YEARS. YOU MUST HAVE YOUR PHYSICIAN OR HEALTH CARE PROVIDER COMPLETE AND RETURN THIS FORM.

MEASLES/MMR VACCINE #1 _____	RUBELLA VACCINE _____
MEASLES/MMR VACCINE #2 _____	MUMPS VACCINE _____
TETANUS-DIPHThERIA _____	BOOSTER _____
Date (within the past 10 years)	
_____ Physician's Signature	
_____ Date	

EXEMPTION: MEDICAL: Must attach a physician's statement.
 PERSONAL: Must state reason below.

NAME AND ADDRESS OF HEALTH CARE PROVIDER:

Signature

Date