

**Proof of Immunization Compliance**  
(Louisiana R.S. 17:170 Schools of Higher Education)

**Return this form to: Camelot College**

**2618 Wooddale Blvd, Ste A  
Baton Rouge, LA 70805**

**To the Applicant:**

Louisiana Law requires immunization against measles, mumps, rubella, and tetanus-diphtheria for all first time LSUA students born after 1956, and for re-entering students (born after 1956). You must either submit proof of immunization compliance or complete the Exemption and Waiver (See next page).

Your immunization (shot) record may be found in your family records or in your medical file with your physician. You may also want to check for records with your doctor or public health clinic. As a last resort, and if you are a graduating high school senior, school personnel may be able to locate immunization records in your cumulative or health folder before your graduation. Shot records, or reasonably authentic copies of records which indicate specific information such as your name, date of birth, and the dates of the shots you had, should be acceptable documentation of the immunizations you received previously. Take these records with you to your doctor or local public health clinic for an update of your immunization status, to have your Proof of Compliance form signed and/or to interpret your old records in view of changes in health care standards since your early childhood. You must complete immunization compliance before registration.

**Student  
Must  
Complete**

Name: \_\_\_\_\_  
*Please Print (Last) (First) (MI)*

SS Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**Physician Completes**

Measles (Rubeola)	Rubella	Mumps	Tetanus-Diphtheria	Meningococcal
1st Immunization: _____ and (Date) _____ 2nd Immunization: _____ or (Date) _____ Date of Disease: _____ or (Date) _____ Serologic Test: _____ (Date) _____ (Result) _____	Immunization: _____ or (Date) _____ Serologic Test: _____ and (Date) _____ Result: _____	Immunization: _____ or (Date) _____ Serologic Test: _____ and (Date) _____ Result: _____	Date of Immunization _____  Date must be within 10 yrs of application date	Date of Immunization (2 doses required) _____ _____ _____

**Physician or Other Health Care Provider Verification:**  
(no attachments accepted)

Signature of Physician or other health care provider \_\_\_\_\_ (Please place address provider stamp above) \_\_\_\_\_ Date \_\_\_\_\_

**To the Physician or Other Medical Providers:** (Please do not sign this compliance form unless the student has proper vaccines or immune tests.) The following guidance is presented for the purpose of implementing the requirements of Louisiana R.S. 17:170, and of meeting the established recommendations for control of vaccine-preventable diseases as recommended by the American Academy of Pediatrics (AAP); the Advisory Committee on Immunization Practices to the United States Public Health Service (ACIP); and the American College Health Association (ACHA).

**Remember! Your enrollment is incomplete until you complete and return this form.**

## Immunization Compliance Exemption & Waiver

(If you cannot or choose not to provide immunization documentation, you must complete the following)

Return this form to: Camelot College - Admissions Office

**Name:** \_\_\_\_\_  
*Please Print (Last) (First) (MI)*

**Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Date of Birth:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**Anticipated Start Date:** Month \_\_\_\_\_ Day \_\_\_\_\_ YR: 20 \_\_\_\_\_

**Student ID (Office Use Only)** \_\_\_\_\_ **First Time Freshman** \_\_\_\_\_ **Transfer** \_\_\_\_\_ **Re-Entry** \_\_\_\_\_

### Request for Exemption: MMR & Tetanus

If you request exemption for medical or personal reasons, please check the appropriate blank and provide the information requested:

Medical Reasons (Physician's statement-use space below)

Personal Reasons (State reason in space provided 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 or rubella until the outbreak is over or until I submit proof of immunization. If I am not 18 years of age, my parent or legal guardian must sign:

\_\_\_\_\_  
*Applicant Signature* *Parent or Guardian (if student is under 18)* *Date*

### Waiver of Vaccination and Release from Responsibility: Meningococcal

BE IT KNOWN that on this date, I \_\_\_\_\_,  
(Name of Student)

have been fully informed by reading the Centers for Disease Control and Prevention's *Meningococcal Vaccines-What You Need to Know* Vaccine Information Statement and understand that my health could be negatively affected and my life possibly endangered by not receiving the vaccine. The reason for my completing this waiver is (check one):

\_\_\_\_ Personal  
\_\_\_\_ Medical  
\_\_\_\_ Religious  
\_\_\_\_ Unavailability of the Vaccine

I declare myself to be a person of full age of majority and to be mentally competent. I hereby assume full responsibility for any and all possible present or future results or complications of my condition as a result of not receiving the vaccination. I do further hereby now and forever free and release the University or the Department of Health and Hospitals and all its agents, attending health care professionals, and other personnel from any and all legal or financial responsibility as a result of not receiving the vaccination. I certify that I have read (or have had read to me) and that I fully understand this Waiver of Vaccination and Release from Responsibility. All explanations were made to me and all blanks completed before signing my name. I have elected to not receive the vaccination of my own free will.

\_\_\_\_\_  
*Applicant Signature* *Parent or Guardian (if student is under 18)* *Date*

**Remember! Your enrollment is incomplete until you complete and return this form.**

# Meningococcal Vaccines

## What You Need to Know

Many Vaccine Information Statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis).  
Hojas de Información Sobre Vacunas están disponibles en Español y en muchos otros idiomas.  
Visite <http://www.immunize.org/vis>

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### What is meningococcal disease?

Meningococcal disease is a serious bacterial illness. It is a leading cause of bacterial meningitis in children 2 through 18 years old in the United States. Meningitis is an infection of the covering of the brain and the spinal cord.

Meningococcal disease also causes blood infections.

About 1,000 – 1,200 people get meningococcal disease each year in the U.S. Even when they are treated with antibiotics, 10-15% of these people die. Of those who live, another 11%-19% lose their arms or legs, have problems with their nervous systems, become deaf or mentally retarded, or suffer seizures or strokes.

Anyone can get meningococcal disease. But it is most common in infants less than one year of age and people 16-21 years. Children with certain medical conditions, such as lack of a spleen, have an increased risk of getting meningococcal disease. College freshmen living in dorms are also at increased risk.

Meningococcal infections can be treated with drugs such as penicillin. Still, many people who get the disease die from it, and many others are affected for life. This is why preventing the disease through use of meningococcal vaccine is important for people at highest risk.

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### Meningococcal vaccine

There are two kinds of meningococcal vaccine in the U.S.:

- Meningococcal conjugate vaccine (MCV4) is the preferred vaccine for people 55 years of age and younger.
- Meningococcal polysaccharide vaccine (MPSV4) has been available since the 1970s. It is the only meningococcal vaccine licensed for people older than 55.

Both vaccines can prevent 4 types of meningococcal disease, including 2 of the 3 types most common in the United States and a type that causes epidemics in Africa. There are other types of meningococcal disease; the vaccines do not protect against these.

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### Who should get meningococcal vaccine and when?

#### Routine Vaccination

Two doses of MCV4 are recommended for adolescents 11 through 18 years of age: the first dose at 11 or 12 years of age, with a booster dose at age 16.

Adolescents in this age group with HIV infection should get three doses: 2 doses 2 months apart at 11 or 12 years, plus a booster at age 16.

If the first dose (or series) is given between 13 and 15 years of age, the booster should be given between 16 and 18. If the first dose (or series) is given after the 16th birthday, a booster is not needed.

#### Other People at Increased Risk

- College freshmen living in dormitories.
- Laboratory personnel who are routinely exposed to meningococcal bacteria.
- U.S. military recruits.
- Anyone traveling to, or living in, a part of the world where meningococcal disease is common, such as parts of Africa.
- Anyone who has a damaged spleen, or whose spleen has been removed.
- Anyone who has persistent complement component deficiency (an immune system disorder).
- People who might have been exposed to meningitis during an outbreak.

Children between 9 and 23 months of age, and anyone else with certain medical conditions need 2 doses for adequate protection. Ask your doctor about the number and timing of doses, and the need for booster doses.

MCV4 is the preferred vaccine for people in these groups who are 9 months through 55 years of age. MPSV4 can be used for adults older than 55.



U.S. Department of  
Health and Human Services  
Centers for Disease  
Control and Prevention



## Some people should not get meningococcal vaccine or should wait.

- Anyone who has ever had a severe (life-threatening) allergic reaction to a previous dose of MCV4 or MPSV4 vaccine should not get another dose of either vaccine.
- Anyone who has a severe (life threatening) allergy to any vaccine component should not get the vaccine. *Tell your doctor if you have any severe allergies.*
- Anyone who is moderately or severely ill at the time the shot is scheduled should probably wait until they recover. Ask your doctor. People with a mild illness can usually get the vaccine.
- Meningococcal vaccines may be given to pregnant women. MCV4 is a fairly new vaccine and has not been studied in pregnant women as much as MPSV4 has. It should be used only if clearly needed. The manufacturers of MCV4 maintain pregnancy registries for women who are vaccinated while pregnant.

Except for children with sickle cell disease or without a working spleen, meningococcal vaccines may be given at the same time as other vaccines.

## What are the risks from meningococcal vaccines?

A vaccine, like any medicine, could possibly cause serious problems, such as severe allergic reactions. The risk of meningococcal vaccine causing serious harm, or death, is extremely small.

Brief fainting spells and related symptoms (such as jerking or seizure-like movements) can follow a vaccination. They happen most often with adolescents, and they can result in falls and injuries.

Sitting or lying down for about 15 minutes after getting the shot – especially if you feel faint – can help prevent these injuries.

### Mild problems

As many as half the people who get meningococcal vaccines have mild side effects, such as redness or pain where the shot was given.

If these problems occur, they usually last for 1 or 2 days. They are more common after MCV4 than after MPSV4.

A small percentage of people who receive the vaccine develop a mild fever.

### Severe problems

Serious allergic reactions, within a few minutes to a few hours of the shot, are very rare.

## What if there is a moderate or severe reaction?

### What should I look for?

Any unusual condition, such as a severe allergic reaction or a high fever. If a severe allergic reaction occurred, it would be within a few minutes to an hour after the shot. Signs of a serious allergic reaction can include **difficulty breathing, weakness, hoarseness or wheezing, a fast heart beat, hives, dizziness, paleness, or swelling of the throat.**

### What should I do?

- Call a doctor, or get the person to a doctor right away.
- Tell your doctor what happened, the date and time it happened, and when the vaccination was given.
- Ask your provider to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form. Or you can file this report through the VAERS website at [www.vaers.hhs.gov](http://www.vaers.hhs.gov), or by calling 1-800-822-7967.

*VAERS does not provide medical advice.*

## The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) was created in 1986.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling 1-800-338-2382 or visiting the VICP website at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation).

## How can I learn more?

- Your doctor can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call 1-800-232-4636 (1-800-CDC-INFO) or
  - Visit CDC's website at [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines)

## Vaccine Information Statement (Interim) Meningococcal Vaccines

10/14/2011