

**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