



# REFUSAL OF VACCINATION

Louisiana State University Health Sciences Center - Student Health Services

Name: \_\_\_\_\_ Semester of Enrollment: Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_ 20 \_\_\_\_\_  
Please Print (Last) (First) (M.I.)

Address: \_\_\_\_\_ Email: \_\_\_\_\_  
Street/ P.O. Box (City) (State) (Zip Code)

Date of Birth: \_\_\_\_\_ Student ID Number: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

**I, the above-named student, request an exemption for the following vaccine(s). (Check all that apply.)**

- ☐ MENINGOCOCCAL CONJUGATE (ACWY)  
☐ MEASLES/MUMPS/RUBELLA  
☐ TETANUS  
☐ VARICELLA

I request an immunization exemption, based on the following reason(s):

- ☐ **Medical**  
☐ **Personal/ Religious**  
☐ **Shortage (unable to locate vaccine)**

I understand that by submitting this form for any of the required vaccines, I exempt at my own risk.

I have received and 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 release Louisiana State University Health Sciences Center of New Orleans, its faculty, staff, and students from any and all claims connected with an exposure, outbreak, or threatened outbreak of disease or other public health emergency on campus.

I understand that if I claim exemption for any of the reasons stated above, I may be excluded from campus and from classes in the event of an outbreak of a related disease until the outbreak is over or until I submit proof of immunization(s).

If I am under 18 years of age, I understand that my parent or legal guardian must also sign below.

**Based on the requirements in various clinical and hospital rotation/clerkship sites that require certain immunizations, I may not be able to participate in clinical assignments. Please follow-up with your perspective program/schools.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian (if required)

\_\_\_\_\_  
Date

**\*\*PLEASE UPLOAD COMPLETED FORM TO: [THE STUDENT HEALTH SUBMISSION PORTAL](#)**

\*Go to the LSU Health New Orleans website, <https://www.lsuhsoc.edu>, Click on MENU → MyLSUHSC → Self Service → Academic Self-Service then you must login and continue to upload your completed form.

LSU Health Sciences Center  
Student Health Services  
478 S. Johnson St. - 3rd Floor  
New Orleans, LA 70112

Email Questions to: [studenthealthstaff@lsuhsc.edu](mailto:studenthealthstaff@lsuhsc.edu)  
Fax: (504) 568-1799  
Phone: (504) 568-1800  
Web: <https://www.lsuhsoc.edu/orgs/studenthealth/>

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