



PROOF OF IMMUNIZATION / HEALTH CARE

Note: All students born after 1956 who are attending SOWELA for the first time must complete and return this form to Student Affairs. This is a requirement for admission. (Louisiana R.S. 17:170 Schools Higher Learning)

Last Name: _____	Social Security #: _____
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First Name: _____	Birth Date: _____
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DATES OF IMMUNIZATION OR ATTACH A COPY OF YOUR SIGNED IMMUNIZATION PRINTOUT

DTP/TD

1st : _____

2nd : _____

3rd : _____

B: _____

MMR

1st : _____

2nd : _____

MEASLES

Date of Disease: _____

Serologic Test: _____

RUBELLA

Date of Disease: _____

Serologic Test: _____

MENNIGITIS (effective 07/01/2006)

Date: _____

Certifying Official

Name: _____

Address: _____

Signature _____

Date: _____

Signature & Title of Physician/Health Professional

REQUEST FOR EXEMPTION

No person seeking entry into any school or facility shall be required to comply with the provisions of this section if the student or his parent or guardian submits either a written statement from a physician stating the procedure is contraindicated for medical reasons, or a written dissent from the student, the parent or the guardian is presented.

If you request an exemption from providing this information **on this date**, please check the appropriate box and comment below.

- Medical Reasons – physician statement in space below or attached
- Person Reasons – statement in space below

Reason for Not Providing Immunization Record _____

SIGNATURE/GUARDIAN SIGNATURE

DATE