

PROOF OF IMMUNIZATION

New Orleans Baptist Theological Seminary

NAME _____ NOBTS-ID # _____
(LAST) (FIRST) (MI)

DATE OF BIRTH _____
(MONTH) (DAY) (YEAR)

PHYSICIAN OR OTHER HEALTH CARE PROVIDER VERIFICATION

(Provide date for either immunization, illness or serologic proof of immunization.)

Measles (Rubeola)#

Date of 1st immunization: _____

Date of 2nd immunization: _____

Date of illness: _____

Date of Serologic/Proof of Immunity: _____

Diphtheria-Tetanus (every 10 years)

Date of immunization: _____

Date of Diphtheria/Tetanus illness: _____
(Circle appropriate one)

Tuberculosis (within last year)

Date of screening: _____

Please check (mantoux) ppd _____ tine _____

Result _____

Mumps*

Date of immunization: _____

Date of illness: _____

Date of Serologic/Proof of Immunity: _____

Rubella*

Date of immunization: _____

Date of illness: _____

Date of Serologic/Proof of Immunity: _____

Date of treatment for positive test or TB
(if treated, please give details.) _____

Please print: Physician/Health Care Provider

Address

Signature of Physician/Health Care Provider

Date

*The state of Louisiana requires proof of **one** vaccination against mumps and rubella (German measles) for **all** new students enrolling at Louisiana Institutions of Higher Learning, born after 1/1/57.

#The state of Louisiana requires proof of **two** vaccinations against measles since 1968 for all new students born after 1/1/57.

There will be a charge for any shots given by NOBTS clinic. If you should have any questions regarding the amount of the shots or any other questions concerning immunization, please call the clinic at 504-816-8596.

REQUEST FOR MEDICAL EXEMPTION FROM IMMUNIZATION

If you request exemption for medical reasons, you must have your physician provide the medical explanation for the request in the space below.

Immunization(s) _____

Explanation:

Physician's Signature

Date

I understand that if I claim medical exemption, 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.

Student's Signature

Date

Return completed Proof of Immunization to: New Orleans Baptist Theological Seminary, *Associate Dean of Research Doctoral Programs*, 3939 Gentilly Blvd., New Orleans, LA 70126. An envelope has been provided for your convenience.