

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 or serologic proof of immunization. **ALL** items are required.)

<p>Measles (Rubeola) (The state of Louisiana requires proof of two vaccinations against measles since 1968 for all new students born after 1/1/57.)</p> <p>Date of 1st immunization: _____</p> <p>Date of 2nd immunization: _____</p> <p>*Date of Serologic Proof of Immunity: _____</p>	<p>(The state of Louisiana requires proof of one vaccination against mumps and rubella for all new students enrolling at Louisiana Institutions of Higher Learning, born after 1/1/57.)</p> <p>Mumps</p> <p>Date of immunization: _____</p> <p>*Date of Serologic Proof of Immunity: _____</p> <p>Rubella (German measles)</p> <p>Date of immunization: _____</p> <p>*Date of Serologic Proof of Immunity: _____</p>	<p>Tuberculosis (NOBTS requires test within the last year.)</p> <p>Date of screening: _____</p> <p>Please check (mantoux) ppd _____ tine _____</p> <p>Result _____</p> <p>Date of treatment for positive test or TB (if treated, please give details.) _____</p> <p>_____</p> <p>_____</p> <p>*Date of Serologic Proof of Immunity: _____</p>
<p>Diphtheria-Tetanus (every 10 years)</p> <p>Date of immunization: _____</p>		

*Must provide documentation of lab results.

Please print: Physician/Health Care Provider

Address

Signature of Physician/Health Care Provider

Date

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.