

UNIVERSITY OF HOLY CROSS

4123 Woodland Drive
New Orleans, LA 70131

Certificate of Immunization

(Louisiana R.S. 17:170 SCHOOL OF HIGHER LEARNING)

To be completed by Student:

Name: _____	_____	_____	_____	_____
	Last	First	M.I.	Maiden
Address: _____	_____	_____	_____	_____
	Street	City	State	Zip
Phone #: _____	Date of Birth: _____	Student ID #: _____		
Date of First Attendance: _____	Today's Date: _____			

To be completed by Health Care Provider:

IMMUNIZATION POLICY	
<p>THE UNIVERSITY OF HOLY CROSS REQUIRES ALL STUDENTS TO PROVIDE PROOF OF IMMUNIZATION AGAINST THE LISTED DISEASES. IF YOU WERE BORN ON OR AFTER JANURARY 1, 1957, WE NEED PROOF OF TWO LIVE MEASLES VACCINES. IF YOU WERE BORN PRE-1957, YOU MUST SUBMIT PROOF OF A TETANUS-DIPHTHERIA THAT HAS BEEN ADMINISTERED WITHIN THE PAST 10 YEARS, AS WELL AS PROOF OF TWO MENINGOCOCCAL VACCINATIONS SEPERATED BY AS LEAST 8 WEEKS. YOU MUST HAVE YOUR PHYSICIAN OR HEALTH CARE PROVIDER COMPLETE AND RETURN THIS FORM TO THE ADDRESS LISTED ABOVE.</p>	
MEASLES/MMR VACCINE #1: _____	RUBELLA VACCINE: _____
MEASLES/MMR VACCINE #2: _____	MUMPS VACCINE: _____
TETANUS-DIPHTHERIA: _____ (MUST be dated within the past 10 YEARS)	Td BOOSTER: _____
MENINGITIS VACCINE #1: _____ (Minimum interval is eight weeks – after 16 th Birthday)	MENINGITIS VACCINE #2: _____
_____ Health Care Provider's Signature	_____ Date
_____ Print Name of Health Care Provider	_____ Address of Health Care Provider