



**Southern University Law Center
Immunization Exemption Declaration**

STUDENT MUST COMPLETE

Name: _____
(Please Print) (Last) (First) (Middle)
Semester/Year of Enrollment: _____ Student Banner ID (U#): _____
Date of Birth: Month _____ Date _____ Year _____

I am requesting an exemption from one or more of the following vaccinations and I am aware of the risks
(Circle all that apply):

MMR 1st dose MMR 2nd dose TETANUS MENINGITIS
COVID-19 1ST dose COVID-19 2nd dose

Reason for exemption for the above-referenced immunization(s) (Circle which ever bolded choice applies):

Medical – If a medical exemption is declared, Student must return the completed Vaccine Exemption Physician Certification Form (*attached*) to Med + Proctor.

Personal/Philosophical – If this exemption is requested, state the reason and *submit via email to admissiondocs@sulc.edu*:

Understand the Risks and Responsibilities

Pursuant to LA R.S. §17:170: In the event of an outbreak of a vaccine-preventable disease at the Southern University Law Center, the administrators are empowered, upon the recommendation of the Louisiana Office of Public Health, to exclude from attendance unimmunized students until the appropriate disease incubation period has expired or the unimmunized person presents evidence of immunization.

By signing below, I understand that if I declare an exemption, I may be excluded from campus and from classes in the event of the outbreak until the outbreak is over or until I submit proof of immunizations. I understand that if I decline any of the required vaccinations, I continue to be at risk for serious disease. I can always receive the vaccine(s) at any time. I have read and understand the vaccine information from the Louisiana Office of Public Health and the Centers for Disease Control and Prevention and understand risks and responsibilities in exempting/declining the required immunizations.

Student Signature: _____ Date: _____

Southern University Law Center
Admission and Recruitment Department
P. O. Box 9294
Baton Rouge, Louisiana 70813
Phone: 225) 771-6297 / Fax: (225) 771-2372

IMPORTANT: Make a copy of this form for your personal records.
NOTE: You will not be permitted to register until all immunization records are in compliance.



**Southern University Law Center
Vaccine Exemption Physician Certification**

PHYSICIAN MUST COMPLETE

I am a physician licensed to practice medicine in a jurisdiction of the United States. By signing below, I certify that for _____ (patient name), the following vaccine(s) is/are contraindicated for medical reasons (check all that apply):

MMR 1st dose

MMR 2nd dose

TETANUS

MENINGITIS

COVID-19 1ST dose

COVID-19 2nd dose

The contraindication(s) is/are: **PERMANENT** or **TEMPORARY**

If temporary, the contraindication is expected to preclude immunizations until: Date _____

Physician Signature: _____ Date: _____

Physician Name: _____

Physician Specialty: _____

Physician License Number: _____

Name of Physician Company: _____

Address: _____

Email: _____ Phone: _____

NOTE: Please upload this form along with the Immunization Exemption Declaration form (*attached*) to Med + Proctor.