



REQUEST FOR EXEMPTION FROM IMMUNIZATIONS

Louisiana R.S. 17:170 – Schools of Higher Learning

Tulane University, The Health Center – Uptown 504-865-5255, Downtown 504-988-6169

Patient Portal via Campus Health Website: campushealth.tulane.edu



Campus Health

TULANE UNIVERSITY

Name: _____ Date of Birth: ____/____/____
 Please Type or Print (Last) (First) (M.I.) (MM / DD / YYYY)
 Tulane Splash ID #: ____-____-00-____ Semester of Enrollment: _____ Country of Birth United States
 Tulane Email: _____@tulane.edu Phone: (____) _____

I request exemption from immunizations for Medical reasons Religious reasons Personal beliefs

STATEMENT FROM PHYSICIAN, RELIGIOUS LEADER OR STUDENT/PARENT*:

NAME OF PERSON MAKING STATEMENT:

 Print Signature

UNDERSTAND THE RISKS AND RESPONSIBILITIES

Pursuant to Louisiana R.S. 17:170: In the event of an outbreak of a vaccine-preventable disease at the location of an educational institution or facility enumerated in Subsection A of this Section, the administrators of that institution or facility are empowered, upon the recommendation of the office of public health, to exclude from attendance unimmunized students and clients until the appropriate disease incubation period has expired or the unimmunized person presents evidence of immunization.

Please indicate your understanding of the above by selecting the appropriate box:

- School of Professional Advancement:** I have read and reviewed the attached information from the Centers for Disease Control and Prevention and understand my risks and responsibilities in exempting/waiving the required immunizations.
- All Other Students:** To obtain exemption for meningococcal vaccine, the student (parent/guardian if student is under 18 years of age) must appear in person at Tulane’s Health Center for Student Care to receive information about the disease from a college health professional.


Student Signature: _____ Date: _____

*If student is not 18 years of age, legal guardian must sign below.**

Parent or Guardian Signature (*if required): _____ Date: _____

How to Submit

- 1) Make sure the form is completed and signed.
- 2) **Visit our website at campushealth.tulane.edu and click the Patient Portal link.**
- 3) **Log on to the Patient Portal using your Tulane log-on information** (your email address without the @tulane.edu and your email password). It may take up to three business days after you receive your Tulane email account before you can access the Patient Portal. If you still cannot log in to the Patient Portal after three days, please contact the immunization office for assistance at immunizations@tulane.edu.
- 4) **Upload the completed form.**
- 5) After your form is uploaded, it may take up to five business days for the form to be reviewed and verified. Check your Tulane email regularly for notification of secure messages from The Health Center.
- 6) **You will receive a secure message** via the Patient Portal notifying you whether your records are either
(✓) in compliance which allows you to register for classes or
(✕) out of compliance which means you cannot register for classes until you follow instructions specified via secure message.
- 7) All communication regarding your immunization records is private and visible only via the Patient Portal. You will receive a secure message alert in your Tulane email directing you to the Patient Portal. You should **submit health information only via the Patient Portal** and never by email.
- 8) You will be eligible to register for classes **only** once your immunization records are in compliance with University policy and Louisiana law.

 **Campus Health** For more information, visit campushealth.tulane.edu/immunizations.
TULANE UNIVERSITY For assistance or questions regarding immunization exemptions, please email immunizations@tulane.edu.