



PROOF OF IMMUNIZATION COMPLIANCE

per Louisiana R.S. 17:170/170.1/Schools of Higher Learning

Please fill out the form in ink. Information must be legible to be accepted

Upload form to Medcat at <https://ulm.medcatconnect.com/home.aspx>

Name: _____

Date of Birth: _____

CWID: _____

Semester/Year Enrollment: _____

ULM Email: _____

Phone: (____) _____

IMMUNIZATION REQUIREMENTS FOR ULM STUDENTS

This section must be completed by a physician or health care provider.

MMR Measles, Mumps, Rubella (Two doses required)

Date: _____

Date: _____

OR

Measles (Two doses required or positive serology)

Date: _____

Date: _____ OR

Date of IgG Serology Test _____

Results: _____

AND

MUMPS (Two doses required or positive serology)

Date: _____ OR

Date of IgG Serology Test _____

Results: _____

AND

RUBELLA (Two doses required or positive serology)

Date: _____ OR

Date of IgG Serology Test _____

Results: _____

AND

TETANUS-DIPHTHERIA (One dose within past 10 years required) TD or Tdap

Date: _____

AND

MENINGOCOCCAL (One dose after the age of 16)

MCV4, MCV4P, Menveo, MenQuadfi, MCV4O, or MCVP

Date: _____ Date: _____

Health Care Provider Signature

Address

Phone

Date