

NEW ORLEANS BAPTIST THEOLOGICAL SEMINARY
DIVISION OF CHURCH MUSIC MINISTRIES

Proof of Immunization

NAME _____ NOBTS-ID _____
(last) (first) (MI)

DATE OF BIRTH (MM/DD/YY) _____

PHYSICIAN OR OTHER HEALTH CARE PROVIDER VERIFICATION

(Provide date for either immunization, illness or serologic proof of immunization.)

Measles (Rubeola)* Date of 1st immunization: _____ Date of 2nd immunization: _____ Date of illness: _____ Date of Serologic/Proof of Immunity: _____	Diphtheria-Tetanus (every 10 years) Date of immunization: _____ Date of Diphtheria/Tetanus illness: _____ (Circle appropriate one)	Tuberculosis (within last year) Date of screening: _____ Please check (mantoux) <input type="checkbox"/> ppd <input type="checkbox"/> tine Result: _____ Date of treatment for positive test or TB (If treated, please give details.) _____ _____ _____
Mumps** Date of immunization: _____ Date of illness: _____ Date of Serologic/Proof of Immunity: _____	Rubella** Date of immunization: _____ Date of illness: _____ Date of Serologic/Proof of Immunity: _____	

PHYSICIAN/HEALTH CARE PROVIDER (Please print.) _____

ADDRESS _____

SIGNATURE _____ DATE _____

*The state of Louisiana requires proof of **two** vaccinations against measles since 1968 for all new students born after 01/01/57.

The state of Louisiana requires proof of **one vaccination against mumps and rubella (German measles) for **all** new students enrolling at Louisiana Institutions of Higher Learning, born after 01/01/57.

There will be a charge for any shots given by the 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
Division of Church Music Ministries
3939 Gentilly Boulevard
New Orleans, LA 70126