PROOF OF IMMUNIZATION
New Orleans Baptist Theological Seminary

NAME                                                                                                                                          NOBTS-ID #
(LAST)                             (FIRST)              (MI)

DATE OF BIRTH                                                                                                                              
(MONTH)       (DAY)         (YEAR)

PHYSICIAN OR OTHER HEALTH CARE PROVIDER VERIFICATION
(Provide date for either immunization or serologic proof of immunization. ALL items are required.)

Measles (Rubeola) (The state of Louisiana requires proof of two vaccinations against measles since 1968 for all new students born after 1/1/57.)
Date of 1st immunization:____________________
Date of 2nd immunization:____________________
*Date of Serologic Proof of Immunity:__________

Mumps
Date of immunization:____________________
*Date of Serologic Proof of Immunity:__________

Rubella (German measles)
Date of immunization:____________________
*Date of Serologic Proof of Immunity:__________

Diphtheria-Tetanus (every 10 years)
Date of immunization:____________________

Tuberculosis (NOBTS requires test within the last year.)
Date of screening:____________________
Please check (mantoux) ppd____ tine____
Result ____________
Date of treatment for positive test or TB
(if treated, please give details.)____________

*Must provide documentation of lab results.

Please print: Physician/Health Care Provider Address

Signature of Physician/Health Care Provider Date

There will be a charge for any shots given by 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, Associate Dean of Research Doctoral Programs, 3939 Gentilly Blvd., New Orleans, LA 70126. An envelope has been provided for your convenience.

Rev. date: 5/8/14