LAMAR UNIVERSITY
COLLEGE OF ARTS AND SCIENCES
JOANNE GAY DISHMAN DEPARTMENT OF NURSING

IMMUNIZATION GUIDELINES

The following immunizations are REQUIRED by the Department of Nursing Student Health Policy, unless otherwise indicated. All responses must be accompanied by a copy of the official immunization record, any serologic immunity reports, and/or waivers of exemption.

1. **TUBERCULIN SKIN TEST (ANUALLY):**
   - A. Date tested
   - B. Results

   *Note: If positive TB skin test, your Primary Care Provider must submit a statement concerning your current health status. If chest x-ray has been done, attach a copy of the report.

2. **POLIO:** Not required if older than 18 years of age.
   - A. Date of last oral dose
   - OR
   - B. Exempt by age

3. **TETANUS/DIPHTHERIA:**
   - A. Three doses of TD required with last dose documented within past 10 years. The date of the last dose is required.

4. **RUBELLA:**
   - A. Date of last immunization
   - OR
   - B. Immunity confirmed by serologic testing
   - OR
   - C. Written waiver or letter from Primary Care Provider stating medical reason for exemption

5. **MUMPS:**
   - A. Date of last immunization
   - OR
   - B. Immunity confirmed by serologic testing
   - OR
   - C. Written waiver or letter from Primary Care Provider stating medical reason for exemption

6. **MEASLES:**
   - A. Dates of immunizations*
   - OR
   - B. Immunity confirmed by serologic testing
   - OR
   - C. Written waiver or letter from Primary Care Provider stating medical reason for exemption

   *Note: All individuals born on or after January 1, 1957, must show 2 doses of measles vaccine administration on or after their 1st birthday and at least 30 days apart

7. **VARICELLA VACCINE:**
   - A. Dates of immunizations (Refer to Student Health Immunization Policy)
   - OR
   - B. Date of disease
   - OR
   - C. Immunity confirmed by serologic testing
   - OR
   - D. Written waiver or letter from Primary Care Provider stating medical reason for exemption

8. **HEPATITIS B:**
   - A. Dates of immunizations (Refer to Student Health Immunization Policy)
   - AND
   - B. Immunity confirmed by serologic testing
   - OR
   - C. Revaccination and repeat serology
   - D. Written waiver or letter from Primary Care Provider stating medical reason for exemption

9. **INFLUENZA VACCINE:**
   - A. Date of immunization (must be submitted one week before first class day)

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