

Please return the completed form to: University of Louisiana at Lafayette; Student Health Service:
PO Box 43692, Lafayette, LA 70504-3692, Fax: 337-482-1873

Name: _____ Date of Birth: _____ CLID/SSN: _____
(Last/Family) (First/Given)

When do you plan to start at UL Lafayette: _____ Month _____ Year

Email: _____ Telephone: _____

Instructions: Immunization requirements are applicable to students born on or after January 1, 1957. Sections A (and/or B) & C must be completed.



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Name: _____ Date of Birth: _____ CLID/SSN: _____
(Last/Family) (First/Given)

Country of Origin: _____

Instructions: Complete all questions in Section C, Part I.

- If the answer is _____ to _____ questions, no further testing or action is required.
- If the answer is _____ to any of the below questions, you are required to have your physician or health care provider complete Section C, Part II. You are required to have a tuberculin skin test (PPD). You may use record of a previous PPD skin test if it was within the last 12 months. PPD skin tests can be obtained from your physician or walk-in clinic.

_____ YES by your physician or health care provider. ONL. testing
