

Have an immunization hold? Please visit the link below for instructions on how to submit the required documents.

<https://www.ulm.edu/immunization/>



Proof of Immunization Compliance Form Bulletin: Immunization Form

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| Bulletin: Immunization Form |
| Contact: Office of Admissions Sandel Hall 318-342-5430 1-800-372-5127 |

Proof of Immunization or Waiver Process

All ULM students (including those completely online) are required to show proof of all required immunizations OR have an exemption recorded.

- The **Proof of Immunization Compliance** form can be found [HERE](#). Students should take the form to their physician for completion or they can upload their state immunization record.
- **Students wishing to declare an exemption can find the form [HERE](#). For the exemption, students may submit a written dissent or a written statement from a physician stating a vaccine is contraindicated for medical reasons.**

STEP 1

STEP 2

Students should upload the completed forms and other information/documentation [HERE](#)

Students who do not submit the required immunization information or exemption form will have an immunization hold preventing them for registering for classes. Please note that the COVID-19 vaccination was added in 2021 to the required immunizations at all University of Louisiana System member institutions for entering and continuing students.

Students who do not know their MyULM username and password should visit [HERE](#). To find their username, students should enter the Campus-Wide ID (CWID) that appears on their admission letter. The password is initially assigned using the student's birth month, birth day, & year, followed by a dash and then the last 4 digits of their CWID. Ex: 090395-1234

Students needing assistance can email admissions@ulm.edu



The image above is what you should see when you visit, <https://www.ulm.edu/immunization/>. **Step 1** is where you will find and download the exemption declaration.

See highlighted example below.

Fill in your person information. Select all vaccinations.

For personal reason state: missing records.



Exemption Declaration

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

University of Louisiana Monroe
700 University Ave.
Monroe, LA 71209

A Member of the University of Louisiana System*AA/EOE

Name: _____ Date of Birth: _____

CWID: _____ Semester/Year Enrollment: _____

ULM Email: _____ Phone: (____) _____

My exemption declaration applies to the following vaccinations (check all that apply):

MMR 1st dose MMR 2nd dose Tdap MENINGITIS

COVID-19 1st dose COVID-19 2nd dose

Reason for exemption for the above-referenced immunization(s):

Medical -Please complete the Medical Physician's statement form.

Personal/ Philosophical

State Reason:

MISSING RECORDS

Understand the Risks and Responsibilities

Pursuant to Louisiana R.S. § 17:170: In the event of an outbreak of a vaccine-preventable disease at University of Louisiana Monroe, the administrators are empowered, upon the recommendation of the Office of Public Health, to exclude from attendance unimmunized students until the appropriate disease incubation period has expired or the unimmunized person presents evidence of immunization.

By signing below, I understand that by claiming an exemption, I may be excluded from campus and from classes in the event of an outbreak until the outbreak is over or until I submit proof of immunizations. For students in academic programs in which external-based experiences are mandated in the respective program curriculums (i.e., clinical hours, experiential field placement, teacher education credits, etc): By choosing not to immunize, I understand that I may be delayed in obtaining clinical or field hours, progressing in clinical or field courses, or graduating in the event of an outbreak of a related disease until the outbreak is over or until I submit proof of immunization(s). I understand that by declining any required vaccinations, I continue to be at risk for serious disease and will be subjected to regular testing. I can always receive the vaccine(s) at any time. I have read and understand the vaccine information from the CDC at <https://www.cdc.gov/vaccines/> and understand risks and responsibilities in exempting/declining the required immunizations.

Student Signature: _____ Date: _____

If student is not 18 years of age, legal guardian must sign below.

Parent or Guardian Signature (if required): _____ Date: _____

The student should upload the completed form to the Patient Portal at ulm.medicatconnect.com

Step 2 in the picture below, upload your completed exemption declaration here.



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