

### Proof of Bacterial Meningitis Immunization Compliance Form

The State of Texas has recently mandated that **all new students** submit evidence of receipt of an initial or booster dose of a bacterial meningitis immunization in order to register for classes. Please read the immunization requirements prior to completing this form.

**PLEASE PRINT CLEARLY**

#### SECTION I — STUDENT INFORMATION

Name \_\_\_\_\_ Student ID # \_\_\_\_\_  
(Last) (First) (Middle) (G Number)

D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female

Mobile Phone # \_\_\_\_\_ E-Mail \_\_\_\_\_@\_\_\_\_\_

Permanent Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

*I have read and understand the Bacterial Meningitis Immunization requirements. I certify that, to the best of my knowledge, all information on this form (including any attached documents) is true and correct. I also give my consent for my immunization record to be entered into my student record.*

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

#### SECTION II — The Following Information Needs to be Completed by a Licensed Health Care Provider (Health Care Provider Shall Complete Either 1 or 2 below)

1. I certify that \_\_\_\_\_ has received the meningitis vaccine.  
(Name of Student)

Vaccine Date \_\_\_\_\_ Vaccine Type:  MCV4  MPSV4

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**Facility or Clinic Stamp (if available):**

2. In the opinion of the physician, the bacterial meningitis vaccination required would be injurious to the health and well-being of the student and should not be administered at this time.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**Facility or Clinic Stamp (if available):**

If a licensed health care provider does not complete Section II above, you must attach one of the following types of documentation to this form:

- An official immunization record generated from a state or local health authority, or
- An official school record received from school officials, including a record from another state., or
- An affidavit (submit notarized ORIGINAL only, a copy will not be accepted) signed by the student stating declination for reasons of conscience, including religious beliefs. A conscientious exemption form from the Texas Department of State Services MUST be used and may be requested at <https://webds.dshs.state.tx.us/immco/affidavit.shtm>.