

Bacterial Meningitis Immunization Record

Notice: THIS FORM IS DUE TEN (10) DAYS PRIOR TO THE FIRST DAY OF CLASS

Purpose of this form: This form may be used by any student under the age of **22** entering the UNT Health Science Center in order to satisfy the requirement to submit evidence of a bacterial meningitis vaccination, in compliance with Texas Senate Bill 1107.

STUDENT INFORMATION

HSC Student ID #	Enrollment Term (Check One) <input type="checkbox"/> Fall <input type="checkbox"/> Summer <input type="checkbox"/> Spring <input type="checkbox"/>	Year
Last Name	First Name	Middle Initial
Mailing Address	Apartment #	Daytime Phone #
City	State	Zip Code
Date of Birth ____/____/____ <small>Month Day Year</small>	Age _____	Email Address _____

SELECT OPTION 1 OR 2

Option 1: Select type of attachment (Documentation must be in English or accompanied by a notarized translation)

- Official copy of immunization record stating the type of vaccine administered and signed by a Health Care Provider
- Medical Exemption affidavit or certificate
- [Texas Department of State Health Service Exemption for Reasons of Conscience form](#)
- Official immunization records generated by a state or local health authority
- Official immunization record received from school official, including a record from another state

Option 2: To be completed by a Health Care Provider - USE BLACK INK

Date of Immunization ____/____/____ <small>Month Day Year</small>	Official Stamp: Health Care Provider's Name, Address, and Phone Number
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Signature and Title of Health Care Provider	Date ____/____/____ <small>Month Day Year</small>
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I have read and understand the Bacterial Meningitis immunization requirements. I certify that, to the best of my knowledge, the above information (including attached copies) is true and correct.

Student's Signature - USE BLACK INK ONLY	Date ____/____/____ <small>Month Day Year</small>
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Office Use Only

Date Received ____/____/____	<input type="checkbox"/> Accepted <input type="checkbox"/> Denied <input type="checkbox"/> Incomplete	Date Completed ____/____/____
		Completed By _____