

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

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

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	Official Stamp: Health Care Provider's Name, Address, and Phone Number
____/____/____ Month / Day / Year	
Signature and Title of Health Care Provider	

Date	
____/____/____ Month / Day / Year	

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	
_____	____/____/____ Month / Day / Year

Office Use Only

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