UNT HEALTH SCIENCE CENTER

Return this completed form to:
UNT Health Science Center Office
of the Registrar, EAD 247
3500 Camp Bowie Blvd.
Fort Worth, TX 76107-2644
FAX: (817) 735-0448 OR Email: Registrar@unthsc.edu

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
_____	☐ Fall ☐ Summer: 3 Week/5 Week 1/10 Week ☐ Spring ☐ Summer: 5 Week 2	

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		Date Completed
____ / ____ / _____	☐ Accepted ☐ Denied ☐ Incomplete	____ / ____ / _____ Completed By _____