

Bacterial Meningitis Immunization Form

Texas Higher Education

As a first-time, transferring, or returning student attending an institution of higher education or private or independent institution of higher education, you must provide your school with evidence of vaccination against bacterial meningitis.

_____/_____/_____
Student Last Name Student First Name Date of Birth

Vaccination Information

Please check the type of vaccine that was administered:

Meningococcal Conjugate Vaccine (MCV4)

Meningococcal Polysaccharide Vaccine (MPSV4)

_____/_____/_____
Vaccine Administered Date

Age of Student

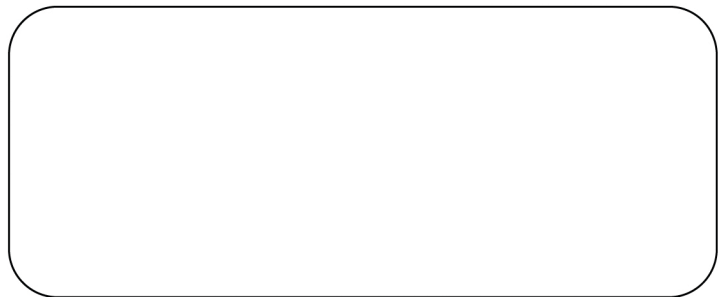
***Vaccine must be one of the two listed above, which have been approved by the CDC**

Physician's Printed Name

Physician's Signature

_____/_____/_____
Date Signed

Practice/Hospital Name



Physician / Practice Stamp

Compliance Rules:

- Vaccine information must be in English.
- An immunization record issued by a state or local health authority will be accepted.
- The vaccine must be administered during the five-year period preceding, or at least 10 days prior to, the first day of class.
