UNT | HEALTH SCIENCE CENTER

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) ☐ Fall ☐ Summer ☐ Spring ☐	Year

Last Name	First Name	Middle Initial

Mailing Address	Apartment #	Daytime Phone #

City	State	Zip Code

Date of Birth ___ / ___ / ___ Month Day Year	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 ___ / ___ / ___ Month Day Year	Official Stamp: Health Care Provider's Name, Address, and Phone Number

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 ___ / ___ / ___	☐ Accepted ☐ Denied ☐ Incomplete	Date Completed ___ / ___ / ___ Completed By ___