

# BACTERIAL MENINGITIS VACCINATION FORM

Print Name \_\_\_\_\_ Blinn ID # \_\_\_\_\_

\*\*\*\*\*Please print this form to submit with your proof of vaccination.\*\*\*\*\*

## SB 1107 Bacterial Meningitis Vaccination

The State of Texas requires new students, transfer students, and returning students following a break in enrollment of at least one fall or one spring semester to receive a Bacterial Meningitis Shot. In compliance with SB 1107, students who attend an institution of higher education must receive the Bacterial Meningitis vaccination no later than 10 days before the first day of the semester.

**Official proof of vaccination or exemption based on medical risk signed by a physician, or State of Texas conscientious objector form must be received in the Housing Department before the student will be eligible for room assignment.** The student will not be considered for housing if this document is not on file. This information shall be maintained in accordance with Family Education Rights and Privacy Act Regulations.

This dose OR booster must be no more than five years old from the date the student enrolls.

### Please provide evidence of vaccination by one of the following methods –

I have received the meningitis vaccine as follows: (please check)

\_\_\_\_\_ (A) Date Bacterial Meningitis Vaccine administered \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ Signature of health care provider \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**OR** Office stamp of the physician or his/her designee, or public health personnel:

\_\_\_\_\_ (B) An official immunization record generated from a state or local health authority (submit copy).

\_\_\_\_\_ (C) An official record received from school officials, including a record from another state (submit copy).

A student, or a parent or guardian of a student, is not required to submit evidence of receiving the vaccination against bacterial meningitis if, under one of the following circumstances, the student, or a parent or guardian of a student submits one of the following to the institution: (check if applicable)

\_\_\_\_\_ (A) An affidavit or a certificate signed by a physician who is duly registered and licensed to practice medicine in the United States, in which it states that, in the physician's opinion, the vaccination required would be injurious to the health and well-being of the student; or

\_\_\_\_\_ (B) An affidavit signed by the student stating that the student declines the vaccination for bacterial meningitis for reasons of conscience, including a religious belief.

**A conscientious exemption form from the Texas Department of State Health Services must be used.**

<https://webds.dshs.state.tx.us/immco/affidavit.shtm>