Blinn College Evidence of Vaccination against Bacterial Meningitis

This form is used to satisfy the requirement to submit evidence of a bacterial meningitis vaccination, in compliance with Texas Senate Bill 1107. Senate Bill 1107 states, students who attend an institution of higher education must receive the Bacterial Meningitis vaccination 10 days prior to the start of the semester. This dose OR booster must be no more than five years old from the date the student enrolls.

The completed form can be submitted by accessing the Evidence of Vaccination against Bacterial Meningitis form by clicking Admissions Forms in your myBlinn Student Portal.

This section should be completed by the student

Student’s First Name: ___________________________ Student’s Last Name: ____________________________

Student’s Blinn ID: _____________________________ Date of Birth: _____/_____/_____

Telephone Number: ___________________________

☐ Fall, Year_____  ☐ Spring, Year _____  ☐ Summer I, Year _____  ☐ Summer II, Year ______

Choose the semester you wish to attend Blinn College (Select the semester and indicate the year)

By signing this form, I certify the information provided is true and accurate and I understand the rules and regulations concerning the bacterial meningitis vaccination requirement.

Students Signature: __________________________________________________________ Date: _____/_____/_____

This section should be completed by a licensed Health Practitioner or Designee

Full Name of Health Practitioner who administered the vaccination: __________________________________________

Date of the bacterial meningitis vaccination or booster: _____/_____/_____

Full Name of the student receiving the vaccination: ______________________________________________________

By signing this form I certify the information provided is true and accurate. I also certify the following:

• I am a Health Practitioner authorized by law to administer an immunization or I have legal designation to complete and sign this form on behalf of a Health Practitioner authorized by law to administer an immunization.
• The individual who administered the bacterial meningitis vaccination to the named student above is or was a Health Practitioner authorized by law to administer an immunization.
• The bacterial meningitis vaccination was administered to the named student above by the Health Practitioner named above and on the date provided above.

Health Practitioner or Designee Signature: __________________________________________ Date: _____/_____/_____

License Number: ___________________________ Telephone Number: ________________________

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