

Blinn College
Office of Admissions

Meningitis Vaccination
Fax Cover Sheet

Fax: (979) 830.4110

Student's First Name: _____ Student's Last Name: _____

Student's Blinn ID: _____

Date of Immunization: _____

Please attach ANY of the following:

- 1) A document bearing the signature or stamp of the physician or his/her designee, or public health personnel stating the date of your immunization
- 2) An official immunization record generated from state or local health authority stating the date of the immunization
- 3) An affidavit declining vaccination. A conscientious exemption form from the Texas Department of State Health Services must be used. <https://corequestjc.dshs.texas.gov/>
- 4) An official record received from school officials stating the date of the immunization, including a record from another state