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://webds.dshs.state.tx.us/immco/affidavit.shtm)

4) An official record received from school officials stating the date of the immunization, including a record from another state