



Bacterial Meningitis Form

Texas Education Code, Sec. 51.9192 establishes the requirement that all entering students enrolling in public, private or independent institutions of higher education on or after Jan. 1, 2012 must show evidence of having received an initial bacterial meningitis vaccination or booster during the five-year period and at least 10 days prior to the first day of the semester and identifies exceptions to the requirement. Students are exempt if they are 22 years of age or older.

The completed form can be submitted in person, mailed or emailed to the Office of Admissions, Arnulfo L. Oliveira Student Services Center, Brownsville, TX 78520, fax 956-295-3601, admissions@tsc.edu.

NAME: _____ DOB: ____ - ____ - ____ TSC ID: _____
(Please print)

PHONE Home:(____) ____ - _____ Cell:(____) ____ - _____

E-MAIL: _____

I also give my permission to the Office of Admissions to share such information with other responsible college officials when deemed necessary.

STUDENT SIGNATURE: _____ DATE: _____

To be completed by physician or healthcare provider: Verification

First immunization: ____/____/____
or Mo. Day Yr.

Bacterial Meningitis Booster: ____/____/____
Mo. Day Yr.

Patient has met both vaccination requirement and is not required to take any additional **Bacterial Meningitis Vaccinations**

Please place address and stamp above

By signing this form, I certify the information above is true and accurate, and that I am authorized by law to administer a vaccination or I have legal designation to complete and sign this form on behalf of a Health Practitioner authorized by law to administer an immunization, and that the bacterial meningitis vaccination/booster was administered to the student named above and on the date provided. **Signature of physician, health care provider or designee:**

_____ Date: ____/____/____

NOTE: Form must include both signature AND stamp

EXEMPTIONS TO IMMUNIZATION REQUIREMENTS: A student (or a parent or guardian of a student) is not required to submit evidence of receiving the vaccination against bacterial meningitis if the student (or a parent or guardian of a student) submits to the institution:

An affidavit or a certificate signed by a physician who is duly registered and licensed to participate medicine in the United States, in which it is stated that, in the physician's opinion, the vaccination required would be injurious to the student's health and well-being.

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 completed, notarized "Exemption from Immunization for Reasons of Conscience" form from the Texas Department of State Health Services must be used. Students must request this form directly from TDSHS by mail or online at <https://webds.dshs.state.tx.us/immco/affidavit.shtm>. The exemption form may take several weeks to process and should be requested, completed and submitted before registration to ensure classes are not cancelled.

Because bacterial meningitis is a serious and potentially deadly disease, applicants should consult a physician about immunizing to prevent the disease.

OFFICE OF ADMISSIONS USE ONLY:
Received by: _____ DATE: _____