Bacterial Meningitis Immunization Form
Texas Higher Education

As a first-time, transferring, or returning student attending an institution of higher education or private or independent institution of higher education, you must provide your school with evidence of vaccination against bacterial meningitis.

Student Last Name           First Name             Date of Birth

Vaccination Information

Please check the type of vaccine that was administered:

Meningococcal Conjugate Vaccine (MCV4)        Vaccine Administered Date
Meningococcal Polysaccharide Vaccine (MPSV4)  Age of Student

*Vaccine must be one of the two listed above, which have been approved by the CDC

Physician's Printed Name

Physician's Signature

Date Signed

Practice/Hospital Name  Physician / Practice Stamp

Compliance Rules:

• Vaccine information must be in English.
• An immunization record issued by a state or local health authority will be accepted.
• The vaccine must be administered during the five-year period preceding, or at least 10 days prior to, the first day of class.

Please fill out and send this form by email, fax, or by regular post to:

Health Services Clinic
7500 W. Camp Wisdom Rd.
Dallas TX 75236  clinic_dallas@sil.org

US FAX (972) 708-7392