



Mandatory Bacterial Meningitis Vaccination Form

(ONLY THIS FORM will be accepted as proof of vaccination)

Fax (817)257-7279 or Email healthinfo@tcu.edu

Student's Name: _____ TCU ID: _____

Date of Birth _____ Term Enrolling: Fall Spring Summer Year: _____ Current Email _____

Home Address: _____

Telephone #: _____ (Home) _____ (Cell)

MENINGITIS DOCUMENTATION

Please Initial next to each statement indicating that you understand the following

_____ I understand that I *will not be allowed to register* for courses at TCU without the Meningococcal Vaccine.

_____ I understand that the vaccination must be administered at least 10 days prior to moving into campus housing

_____ I understand that proof of the vaccination must include the physician or health care professional's signature, the date the vaccination was administered, **the medical facility's stamp**, and contact information.

My Physician or Health Care Professional has documented my meningococcal vaccine at the bottom of this form.

Student Signature: _____ Date: _____

**Vaccine Verification and Medical Facility Information (Completed by Physician/Health Professional)
Meningitis Immunization must be within the past 5-year period preceding the first day of the semester.**

Name of Administering Medical Facility: _____

Address: _____ Phone #: _____

Name of Administering/Verifying physician or health professional: _____

Type of Vaccination: MCV4 MPSV4 Other: _____

Date meningitis vaccination was administered: _____

Note: Vaccine must be proven effective against Bacterial Meningitis and must be approved by Center for Disease Control (CDC). Please visit: www.cdc.gov/meningitis/vaccine-info.html

I hereby verify/confirm that the above named student received the mandated Bacterial Meningitis vaccine as required.

Place Official Stamp Here

Health Professional Signature

Date:



IMMUNIZATION REQUIREMENT

Pursuant to Senate Bill 1107, all entering (new and transfer) students, as well as students re-enrolling following a fall or spring semester break in enrollment from TCU, must show evidence of having been vaccinated against bacterial meningitis within the five-year period preceding the first day of the semester in which the student is currently enrolling or re-enrolling and at least 10 days prior to moving into campus housing.

Evidence of vaccination must be submitted on the Mandatory Bacterial Meningitis Vaccination Form:

This requirement **DOES NOT** pertain to:

- Students who are only enrolled in online courses or other distance education courses
- Students who are 22 years of age or older
- Students who are only enrolled in Extended Education courses

EXEMPTIONS

A student, or a parent or guardian of the student, is not required to submit evidence of receiving the vaccination against bacterial meningitis, if in the physician's opinion, the vaccination required would be injurious to the health and well-being of the student. The physician must be duly registered and licensed to practice medicine in the United States and complete the following:

Student's Name _____ Date of Birth _____

I certify that the vaccination required would be injurious to the health and well-being of this patient.

Licensed Healthcare Provider's Name _____ Title _____
Print

Signature _____

Place Official Stamp Here

OR

AFFIDAVIT INFORMATION – When declining the vaccination for bacterial meningitis for reasons of conscience, including religious belief, the following instructions must be followed: The Texas Affidavit Request for Exemption from Immunizations must be completed online at <https://wedbs.dshs.state.tx.us/immco/affidavit.shtm>. The Texas Department of State Health Services will then mail you the affidavit. You must complete the affidavit, have it notarized, and attach it to this form.

Return completed form/documentation to:

Mail Form To: TCU Health Center TCU Box 297400 Fort Worth, TX 76129	Fax Form To: TCU Health Center 817.257.7279	Drop Off Location: TCU Health Center 2825 Stadium Drive Fort Worth, TX 76109
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TO EMAIL: SCAN and EMAIL the completed form, along with form/s to healthinfo@tcu.edu.