



Evidence of Vaccination against Bacterial Meningitis

Purpose of Form: This form may be used by any incoming student planning to live on-campus at Texas A&M University-TEXARKANA in order to satisfy their requirement to submit evidence of a bacterial meningitis vaccination, in compliance with Texas House Bill 4189. The complete form can be faxed, e-mailed, or hand-delivered to the office listed on this form.

Last Name: _____ First Name: _____ UIN: _____

Date of Birth: _____ Phone Number: _____ E-mail Address: _____

First Semester of On-Campus Residence at A&M-TEXARKANA (Select one and indicate the appropriate year):

Spring Year: _____ Summer Year: _____ Fall Year: _____

By signing this form, I certify that the information provided is true and accurate; I understand the rules and regulations concerning the bacterial meningitis vaccination requirement for students living on-campus; and I agree to all conditions listed below.

- I will not receive a housing assignment until Student Medical Services (SMS) office and Residential Living have received evidence of my vaccination against bacterial meningitis or my affidavit declining vaccination. This form is one means that can be used to show proof of vaccination.
- I must obtain the bacterial meningitis vaccination at least 10 days before I may move in to my on-campus residence.
- If I obtain the bacterial meningitis vaccination less than 10 days prior to my scheduled move-in date, I will be responsible for securing temporary housing accommodations for myself until the 10 day required waiting period has been reached.

Student Signature: _____ **Date:** _____

Date of the administration of the bacterial meningitis vaccination:

By signing this form, I certify that the information provided is true and accurate. Specifically, I certify the following:

- I am a Health Practitioner authorized by law to administer an immunization or I have legal designation to complete and sign this form on behalf of a Health Practitioner authorized by law to administer an immunization.
- The individual who administered the bacterial meningitis vaccination to the student named above is or was a Health Practitioner authorized by law to administer an immunization.
- The bacterial meningitis vaccination was administered to the student named above by the Health Practitioner named below and on the date provided above.

Health Practitioner name (Print): _____

Health Practitioner or Designee Signature: _____ Date: _____

Staff Member Name(Print): _____ Date: _____

Staff Member Signature: _____

**Director of Residence Life
P.O. Box 5518
Texarkana, TX 75505**