Evidence of Vaccination against Bacterial Meningitis

TAMIU Student Health Services

Purpose of Form: This form may be used by any incoming student to Texas A&M International University in order to satisfy the requirement to submit evidence of a bacterial meningitis vaccination, in compliance with Texas Senate Bill 1107. The complete form can be hand-delivered, mailed, faxed, or emailed to the TAMIU Student Health Services Office, located outside of the Student Center. 5201 University Blvd., Laredo, Texas, 78042-1900. You can fax this form at (956) 326-2234 or call us at (956) 326-2235.

This section should be completed by the student.

Student Name: (Last, First, Middle Initial)

_____

Student ID #: A000_____ Date of Birth:
_____/_____/_____

Telephone number: _____ (month) (day) (year)

Student E-mail Address: _____

First semester at TAMIU: (Please select the appropriate semester and indicate the year)

☐ Summer, Year: _____ ☐ Fall, Year: _____ ☐ Spring, Year: _____

By signing this form, I certify that the information provided is true and accurate and I understand the rules and regulations concerning the bacterial meningitis vaccination requirement.

Student Signature: _____
Date:_____/_____/_____

This section should be completed by a licensed Health Practitioner or Designee.

Last/Family Name of the Health Practitioner who administered the vaccination:
_____

First/Given Name of the Health Practitioner who administered the vaccination:
_____

Date of the administration of the bacterial meningitis vaccine:
_____/_____/_____

Last/Family name of the vaccination recipient (i.e. the student):
_____

First/Given Name of the vaccination recipient (i.e. the student):
_____

Date of Birth of vaccination recipient (i.e. the student) :
_____/_____/_____

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 above and on the date provided above.

Health Practitioner or Designee Signature:_____

Date: _____/_____/_____

License Number: _____

Phone: _____