



TEXAS SOUTHERN UNIVERSITY

## Health Center

### Bacterial Meningitis Immunization Record

All students who live in on-campus housing will be required to provide either evidence of vaccination against bacterial meningitis or a signed affidavit declining the vaccination 0 days prior to move in. **Students will not receive a housing assignment until cleared by the Student Health Center.**

#### TEXAS HIGHER EDUCATION COORDINATING BOARD RULES

#### Partial Excerpt of Chapter 21: Subchapter T (21.613 – 21.614)

#### IMMUNIZATION REQUIREMENTS

**The student must have received the vaccination at least 10 days prior to the student taking up residence in on-campus housing. Evidence of the student having received the vaccination from an appropriate health practitioner must be received by the administrative official at the institution of higher education in one of the following three formats:**

- A document bearing the signature or stamp of the physician or his/her designee, or public health personnel (must include the month, day, and year the vaccination was administered); **OR**
- An official immunization record generated from a state or local health authority (must include the month, day, and year the vaccination was administered) **OR**
- An official record received from school officials, including a record from another state, (must include the month, day, and year the vaccination was administered).

#### EXCEPTIONS

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 practice medicine in the United States, in which it is stated that, in the physician's opinion, the vaccination required would be injurious to the health and well-being of the student ; or

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 conscientious exemption form from the Texas Department of State Health Services must be used.

The exception noted in this section does not apply during a disaster or public health emergency, terrorist attack, hostile military or paramilitary action, or extraordinary law enforcement emergency declared by an appropriate official or authority from the Texas Department of State Health Services and is in effect for the location of the institution the student attends.

#### **RETURN COMPLETED FORM/DOCUMENTATION TO:**

##### **Mailing Address:**

TSU Health Center  
Attn: Immunizations Processing  
3100 Cleburne Street  
Houston, TX 77004

##### **Drop-off Location:**

TSU Health Center  
3100 Cleburne Street  
Houston, TX 77004

- Allow a minimum of seven (7) business days for delivery if mailed from a location within the United States.
- The TSU Health Center is not responsible for forms not received due to mail that is misdirected or lost in transit.
- Faxed and emailed documentation cannot be accepted.
- Incomplete or illegible submissions will not be processed.
- Allow a minimum of five (5) business days from the receipt of documentation for processing.  
Forms arriving less than five (5) business days prior to a student taking up residence in an on-campus housing facility may result in a delay in their housing status.

**For more information on Bacterial Meningitis, please visit the TSU website at [www.tsu.edu](http://www.tsu.edu) or visit the Center for Disease Control and Prevention (CDC) website at [www.cdc.gov](http://www.cdc.gov). Students may contact the TSU Student Health Center for information on where to obtain the vaccination at (713) 313-7173.**

**Please read the immunization requirements prior to completing this form.**

**All applicable sections should be completed online prior to printing.**



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## Bacterial Meningitis Immunization Record

STUDENT INFORMATION				
TSU ID	Date of Birth (MM/DD/YYYY)	Enrollment Term		
Last Name	First Name	MI	Phone Number	
Mailing Address		Apartment #	Alternate Phone	
City	State	Zip Code	Email Address – <b>REQUIRED</b>	

**SELECT OPTION 1 OR 2**

**OPTION 1: Select type of attachment**

**Official copy of immunization record signed by a Health Care Provider.**

Date of Immunization MM/DD/YYYY

Documentation must be in English or accompanied by a notarized translation.

**Medical Exemption Affidavit or Certificate**

Must be in English or accompanied by a notarized translation.

[Texas Department of State Health Services Conscientious Exemption Form](#)

**OPTION 2: To be completed by a Health Care Provider**

Date of Immunization (MM/DD/YYYY)

Office Stamp: Health Care Provider's Name, Address, Phone Number

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Vaccine Administered

MCV4

MPSV4

other \_\_\_\_\_

Signature and Title of Health Care Provider

Date

**I have read and understand the Bacterial Meningitis Immunizations requirements. I certify that, to the best of my knowledge, the above information (including any attached copies) is true and correct. I also give my consent for the above immunization record to be entered into my electronic student record.**

Student's Signature

Date

**MINORS: Student under 18 Years of Age**

Signature of Parent or Legal Guardian

Date

Printed Name of Parent or Legal Guardian

Relationship to Student

**OFFICE USE ONLY**

Document #      Received

Approved    Denied    Incomplete

PS \_\_\_\_\_ By: \_\_\_\_\_

By: \_\_\_\_\_ Emailed: \_\_\_\_\_

Log \_\_\_\_\_ By: \_\_\_\_\_