



Immunization Compliance Cover Sheet & Acknowledgement Statement

(To be completed by all incoming students)

Attn: Texas Southern University – Student Health Services

Name _____
First Name Middle Name
Last Name

Address _____
Street City State/ZIP

Date of Entry ____/____/____ Date of Birth __/__/____ School ID# (T-Number): T00_____
M Y

Please upload a copy of your Vaccine Administration Record with the completed Immunization Compliance Cover Sheet & Acknowledgment Form to the My Tiger Health Patient Portal at <https://tsu.medicatconnect.com>.

If you cannot logon to the patient portal, choose one of the following options to submit your documentation:

- Fax: (713) 313-7817
- Email: vaccines@tsu.edu

Please allow 3 business days for processing. If you have any questions or need additional assistance, please call Student Health Services at (713) 313-7173.

By signing my name here, _____, I acknowledge that I have received and read the information on bacterial meningitis that was included in the welcome letter and/or at TSU.edu/health.