

UNIVERSITY of
HOUSTON
RESIDENTIAL LIFE & HOUSING

Bacterial Meningitis Immunization Record

Beginning on January 1, 2010, state law requires that first-time and transfer students who plan to live in on-campus housing must show evidence of vaccination against bacterial meningitis or meet certain criteria for declining such a vaccination before they can live on campus.

TEXAS HIGHER EDUCATION COORDINATING BOARD RULES

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

[Full Version](#)

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.

DON'T DELAY! Submit your Bacterial Meningitis Immunization Record Form EARLY.

You **WILL NOT** receive your room assignment until we have received and **PROCESSED** your immunization record or valid exemption.

- **Immunization records submitted without the Bacterial Meningitis Immunization Record Form will not be accepted.**
- Incomplete or illegible submissions will not be processed.
- Submissions must include a **University of Houston ID Number** (*myUH ID*).
Students enrolled at another university should contact the UH Housing Office for more information.
- Allow a minimum of seven (7) business days for delivery if mailed from a location within the United States.
- The university is not responsible for forms not received due to mail that is misdirected or lost in transit.
- Faxed and emailed submissions will not be accepted.
- Allow a minimum of **fifteen (15) business days** from the receipt of documentation for processing. Forms arriving less than fifteen (15) business days prior to a student taking up residence in an on-campus housing facility may result in a delay in their housing status.
- University of Houston students may request the Meningitis vaccine from the UH Health Center for the current [posted price](#) of the vaccination plus a \$10.00 Administration Fee. To request the vaccine, complete the Student Information section of this form and bring with a picture ID to the UH Health Center during posted [immunization hours](#).

QUESTIONS: Contact the Housing Office at housing@uh.edu or at 713-743-6000

Submit by Mail:

UH Health Center
Attn: Immunizations Processing
100 UH Health Center
Houston, TX 77204-3019

Submit in Person:

UH Health Center - Building 525
Wheeler Street - Entrance 6

DEADLINES:

Fall Semester:	July 15th
Spring Semester:	December 10th
Summer Session 1, 2, & 3:	May 10th
Summer Session 4:	June 15th

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Please read the immunization requirements prior to completing this form.
ALL applicable sections should be completed **ONLINE** prior to printing.

STUDENT INFORMATION			
University of Houston ID # (myUH ID)	Date of Birth (MM/DD/YYYY)	Enrollment Term (Semester and Year)	
Last Name	First Name	MI	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Mailing Address		Apartment #	Phone Number
City	State	Zip Code	Email Address

SELECT OPTION 1 OR 2

<input type="checkbox"/> OPTION 1: Select type of attachment	
<input type="checkbox"/> A COPY of your official immunization record signed by a Health Care Provider Documentation must be in English or accompanied by a notarized translation	Date of Immunization (MM/DD/YYYY) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<input type="checkbox"/> Medical Exemption Affidavit or Certificate (Submit ORIGINAL only, a copy will not be accepted) Must be in English or accompanied by a notarized translation.	
<input type="checkbox"/> Texas Department of State Health Services Conscientious Exemption Form (Submit ORIGINAL only, a copy will not be accepted)	
<input type="checkbox"/> OPTION 2: To be completed by a Health Care Provider	
Date of Immunization (MM/DD/YYYY) <div style="border: 1px solid black; display: flex; justify-content: space-between; width: 100%; height: 20px;"> </div>	Office Stamp: Health Care Provider's Name, Address, Phone Number <div style="border: 1px solid black; height: 40px;"></div>
Vaccine Administered: <input type="checkbox"/> MCV4 <input type="checkbox"/> MPSV4 Vaccine Information Statement	Signature and Title of Health Care Provider <div style="border: 1px solid black; height: 20px;"></div> Date <div style="border: 1px solid black; height: 20px;"></div>

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 - REQUIRED <div style="border: 1px solid black; height: 20px; width: 100%; background-color: #ccc;"></div>	Date <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
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MINORS: Student under 18 Years of Age

Signature of Parent or Legal Guardian - REQUIRED if student is under 18 Years of Age <div style="border: 1px solid black; height: 20px; width: 100%; background-color: #ccc;"></div>	Date <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Printed Name of Parent or Legal Guardian	Relationship to Student

OFFICE USE ONLY			
Document #	Date Received	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Incomplete By: _____ Emailed: _____	PS _____ By: _____ Log _____ By: _____

QUESTIONS: Contact the Housing Office at housing@uh.edu or at 713-743-6000
 Make a copy of your immunization documentation for your records.
 The university does not provide copies of immunization record submissions.