



### Bacterial Meningitis Immunization Record

**TEXAS HIGHER EDUCATION COORDINATING BOARD**

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

[Full Version](#)

In accordance with Texas law, the University of North Texas requires first-time students who will reside in on-campus housing, including greek housing, to submit evidence that the student has been vaccinated against bacterial meningitis prior to moving into on-campus housing, or to provide other documentation establishing why such a vaccination is not required.

All first-time students, including transfer students, who will reside in on-campus housing must provide one of the following documents to the Student Health and Wellness Center prior to moving into any on-campus housing facility:

- **A Bacterial Meningitis Immunization Record" signed by a health practitioner evidencing that the student has been vaccinated against bacterial meningitis or any other official state or local immunization record.**

Confirmation of the MCV4 (Menactra) vaccine will satisfy as the requirement. The MPSV4 (Menomune) vaccination may not be accepted unless administered or boosted within the past 5 years.

Vaccinations must be administered no fewer than 10 days prior to the student's move in date. Students will not be permitted to move into on-campus housing until a full 10 days have passed since the date of the vaccination. Students who have been approved for on-campus housing, but who have not received a vaccination in a timely manner will be expected to make alternate arrangements for housing until the full 10 days have elapsed.

- **A "Refusal of Immunization for Medical Reasons" signed by a physician who is licensed and registered to practice medicine in the United States which states the physician's opinion that the required vaccination would be injurious to the health and well being of the student.**

- **A "Texas Department of State Health Services Conscientious Exemption" signed by the student stating that the student has declined the vaccination for reasons of conscience, including religious belief.**

Exceptions for reasons of conscience will not be accepted 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 other authority in regard to the university campus.

All documentation will be maintained by the Student Health and Wellness Center in accordance with applicable Federal and state confidentiality laws. State law and university policy, with limited exceptions, allow you to be informed of information the University collects about you, to review and obtain the information of the specified forms and to correct any information you believe is incorrect.

**Return completed form/documentation to:**

**Mailing Address:**

UNT Student Health and Wellness Center  
Attn: Immunizations Processing  
1155 Union Circle #305160  
Denton, TX 76203

**Drop-off Location:**

UNT Student Health and Wellness Center  
Chestnut Hall, room 202  
1800 Chestnut Street

Email: [shwc-immz@unt.edu](mailto:shwc-immz@unt.edu)  
Fax: 940.369.7042

- Allow a minimum of seven (7) business days for delivery if mailed from a location within the United States.
- The UNT Student Health and Wellness Center is not responsible for forms not received due to mail that is misdirected or lost in transit.
- **Incomplete or illegible submissions will not be processed.**
- **Allow a minimum of fifteen (15) business days from the receipt of documentation for processing.** Forms arriving less than 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.

**Students may request the Meningitis vaccine from the UNT Student Health and Wellness Center for the current posted price of the vaccination.**



Bacterial Meningitis Immunization Record

Student Health and Wellness Center

Please read the immunization requirements prior to completing this form. All applicable sections should be completed online prior to printing.

STUDENT INFORMATION
UNT Student ID #
Enrollment Term (Check One)
Year
Last Name
First Name
MI
UNT Housing
Greek Housing
Mailing Address
Apartment #
Daytime Phone #
City
State
Zip Code
Date of Birth
Age
Email Address

SELECTION OPTION 1 OR 2

OPTION 1: Select type of attachment (Documentation must be in English or accompanied by a notarized translation.)
OPTION 2: To be completed by a Health Care Provider - USE BLACK INK
Date of Immunization
Official Stamp: Health Care Provider's Name, Address, Phone Number
Vaccine Administered
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. I authorize the Student Health and Wellness Center to communicate with me regarding my bacterial meningitis immunization requirements via electronic communication or by phone.

Student's Signature (18 years of Age or Older) - USE BLACK INK ONLY
Date

MINORS: Students under 18 Years of Age
Signature of Parent or Guardian- USE BLACK INK ONLY
Date

Full Name of Parent or Legal Guardian
Relationship to Student

Office Use Only
Date Received
Accepted Denied
Incomplete
Date Completed
Completed By