

ALAMO COLLEGES BACTERIAL MENINGITIS VACCINATION COMPLIANCE FORM

PLEASE NOTE: STUDENTS WILL NOT BE ALLOWED TO COMPLETE THEIR REGISTRATION UNTIL THIS FORM HAS BEEN COMPLETED AND ALL REQUIRED DOCUMENTATION HAS BEEN RECEIVED AND PROCESSED.

Email to: dst-bmeningitis@alamo.edu

E-fax to: (210) 486-9873

Mail to: San Antonio College in c/o Immunization Records Center 1300 San Pedro, Box 9999 San Antonio, TX 78212

Please use black or blue Ink

REQUIRED: STUDENT INFORMATION

Last Name	First Name	MI	Alamo Colleges' Student # (Banner #)
Date of Birth (MM/DD/YYYY)	Last four digits of Social Security #	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Local Mailing Address: Street: _____ City: _____ State: _____ Zip: _____	Phone: _____ () _____ Alamo Colleges Email Address: _____ Semester of Entry <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Spring	Primary College (choose one): <input type="checkbox"/> NLC <input type="checkbox"/> NVC <input type="checkbox"/> PAC <input type="checkbox"/> SPC <input type="checkbox"/> SAC	

COMPLETE EITHER OPTION 1 OR 2

OPTION 1: VACCINATION

Select applicable documentation **(DO NOT SEND YOUR ENTIRE MEDICAL HISTORY):**

- ☐ I have included a copy of my official immunization record for the Bacterial Meningitis Immunization issued by a state or local health authority; **OR**
- ☐ I have included a copy of my official record from a Texas school official or a school official in another state; **OR**
- ☐ A licensed health care professional, authorized by law to administer the required vaccine, has certified my immunization and has completed the information below (additional documentation is not required).

To be completed by **licensed health care professional**: Vaccination Date: _____

Vaccine Type: ☐ MCV4 ☐ MPSV4 Brand Name: _____

I certify the above named student has received the Bacterial Meningitis Immunization on the date listed above.

Health Care

Professional's Signature: _____ **Printed Name:** _____

Provider's Agency Name & Address: _____ **Date:** _____

OPTION 2: WAIVER

Select applicable waiver:

- ☐ I am requesting an exemption from the meningitis vaccination requirement due to enrollment only in online classes and have included the **required** Alamo Colleges "Bacterial Meningitis Vaccination Waiver for Enrollment in Only Online Courses" form.
http://alamo.edu/uploadedFiles/District/Admissions/Bacterial_Meningitis/Files/AC-Meningitis-Online-Course-Waiver.pdf
- ☐ In the opinion of a physician the vaccination required would be injurious to my health and well-being, therefore a letter signed by a physician duly registered and licensed to practice medicine in the U.S. is included with this form. The letter includes the physician's name, agency name, and address.
- ☐ I have declined the vaccination for bacterial meningitis for reason of conscience, including religious belief; therefore a signed and notarized "Exemption from Immunizations for Bacterial Meningitis for Reasons of Conscience" affidavit is included with this form.
- **Under 18 must use Texas Department of State Health Services Affidavit. Exemption must be requested.**
 - <http://www.dshs.state.tx.us/immunize/school/default.shtm#exclusions>
 - **18 and over may use Texas Higher Education Coordinating Board Affidavit or the DSHS affidavit above.**
 - <http://www.theccb.state.tx.us/reports/PDF/2554.PDF?CFID=20270138&CFTOKEN=89098952>

I have read and understand the Bacterial Meningitis immunization 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 permission for the Alamo Colleges to share this information with other Alamo Colleges officials when deemed necessary.

STUDENT'S SIGNATURE (or PARENT/GUARDIAN SIGNATURE IF STUDENT IS UNDER THE AGE OF 18)

Student Signature: _____ **Print:** _____ **Date:** _____

For Office Use Only:

A&R TEAM: Date Received: _____ Staff Initials: _____ ☐ Hold Removed & Initials _____ ☐ ID Check _____

IRC TEAM: Date Received: _____ Staff Initials: _____ ☐ Hold Removed & Initials _____ Immunized or Waiver _____

Alamo Colleges Reserves the right to verify authenticity of submitted record.