



~ Bacterial Meningitis Vaccination Verification Form ~

Student Information

Name (Last, first, middle initial) _____ Social Security # or TC ID _____

Street address _____ City _____ State _____ ZIP Code _____

Primary phone number _____ Alternate phone number _____ E-mail address _____

Please read and answer accordingly:

YES I **have** received the Bacterial Meningitis Vaccine and acquired an official vaccination/shot record to support it.

NO I **have not** received the Bacterial Meningitis Vaccine, but understand it is an admission requirement.

Please read and initial the following statements:

_____ I understand that I **will not** be permitted to attend classes without the Bacterial Meningitis Vaccine.

_____ I understand that the vaccination **must** have been administered **10 days** prior to the first day of classes.

_____ I understand that proof of vaccination must be in the form of an **original vaccination/shot record** and include signatures of administering health professionals, as well as the medical facility stamp and notarization seal.

***** All supporting documentation that confirms/verifies the required vaccine must contain physician signatures, stamps, medical facility seal and contact/verification information.**

Student Signature: _____ Date: _____

Vaccine Verification and Medical Facility information

(Completed by Physician/Health Professional)

Name of Verifying and/or Administering Medical Facility: _____

Address: _____ Phone#: _____

Print Name of administering/verifying physician or health professional: _____

Type of Vaccination: ☐ **MCV4** ☐ **MPSV4** ☐ **Other** _____

Date meningitis vaccination was administered: _____
Month Day Year

I hereby verify/confirm that the above named student received the mandated Bacterial Meningitis vaccine as required, and that the information provided on this form is true and accurate.

Signature of physician/health care provider: _____ Date: _____

Place Official Stamp Here

Place Official Seal Here

Why do we have to be vaccinated for meningitis?

Texarkana College strives to keep all students healthy and informed of precautions that need to be taken to ensure the safety of our students. Meningitis is a very serious infection of the fluid around the brain and spinal cord. College students and teens 15-19 years of age are at high risk of being infected with the disease. Prevention of this deadly disease is imperative. According to Texas State Law, new students entering are required to show proof that they have received the meningitis vaccination. Either the MPSV4 vaccine or MCV4 vaccine is recommended for adults if you are a college student.

I received the Meningitis Vaccine in the 7th grade; will that satisfy this requirement?

Texas State Law requires revaccination only if it has been 5 years since the date the vaccination was originally administered.

Where can I find more information about this?

For more information regarding the meningitis go to <http://www.cdc.gov/meningitis/about/index.html>.

Where do I send my Vaccination Verification Form and when is it due?

Please print the Meningitis Vaccination Verification Form from www.texarkanacollege.edu, complete it and return to:

Texarkana College
Office of Admissions
2500 North Robison Road
Texarkana, TX 75599

These forms must be signed by a physician and on file with Texarkana College Office of Admissions two weeks prior to the first day of classes. Students will **NOT** be allowed to attend classes without proper documentation.

Where can I get vaccinated?

- The Miller County Health Unit will administer the vaccination to any Arkansas resident for \$5, regardless of household income. It is recommended that students call and schedule an appointment prior to immunization but walk-ins are welcomed.
- The Bowie County Health Center will administer the vaccination for \$15 to Texas residents upon approval. Students will need to contact the health center for additional information regarding the approval process.
- Walgreens Pharmacy on Richmond Road can administer the vaccination for \$67. It is recommended students contact the pharmacy two weeks prior to the immunization for ordering purposes only.

Can I be exempt from this vaccine?

There are two ways to be exempt from this vaccination. You may be exempt from the vaccination if you feel the vaccine will be harmful to your health, or for reasons of conscience, which includes religious beliefs.

- A) To be exempt from the meningitis vaccination due to possible health risks the student must have a physician signed affidavit or a certificate 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 would be injurious to the health and well-being of the student.
- B) To be exempt from the meningitis vaccination due to reasons of conscience the student must have 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 found at <https://webds.dshs.state.tx.us/immco/affidavit.shtm> **MUST** be used.

The exemption noted 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.