Alvin Community College  
Evidence of Vaccination against Bacterial Meningitis

Purpose of Form: This form may be used by any student who is required to satisfy the requirement to submit evidence of a bacterial meningitis vaccination in compliance with Texas Education Code 51.9191/51.9192 et seq. and THECB Rule 21.610 et seq.

How to Submit Evidence of Vaccination: Attach official documentation in addition to this form, if available.

In person: Alvin Community College Admissions Office, A100  
Fax: 281-756-5812  
Email: Record scanned and emailed to: shot@alvincollege.edu

SECTION A. This section must be completed by the student.

Student Name: _______________________________ ____________________________
Student ID: ______________________ Date of Birth: _______ / _____ / ______

First Semester at Alvin Community College (Select one and indicate the appropriate year):

□ Fall, Year: ________  □ Spring, Year: ________  □ Summer, Year: ________

I certify that the information provided is true and accurate. I acknowledge receiving information from the college about the bacterial meningitis vaccination requirement. The vaccination or booster is not more than 5 years old as of the first day of the term in which I plan to enroll.

Student Signature: _______________________________ Date ___ / ___ / ___

SECTION B. This section must be completed by a licensed Health Practitioner or Designee.

Vaccine administered: □ MCV-4 (Menactra)  □ MPSV-4 (Menomune or Menevo)

Name of the Health Practitioner who administered the vaccination: ___________________________________

Date of the administration of the bacterial meningitis vaccination: _____ / _____ / ______

Name of the vaccination recipient ___________________________________

Date of birth of the vaccination recipient _____ / _____ / ______

By signing this form, I certify that the information provided is true and accurate:

- I am a Health Practitioner authorized by law to administer an immunization or I have legal designation to complete and sign this form on behalf of a Health Practitioner authorized by law to administer an immunization.
- The individual who administered the bacterial meningitis vaccination to the student named above is or was a Health Practitioner authorized by law to administer an immunization.
- The bacterial meningitis vaccination was administered to the student named above by the Health Practitioner named above and on the date provided above.

Health Practitioner or Designee Signature: _______________________________ Date __________________

License Number: _______________________________ Phone: _______________________________

2/2016