Alvin Community College
Evidence of Vaccination for 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/Welcome Center
Email: Record scanned and emailed to: admissions@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 Menveo)

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: _____