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Sam Houston State University

A member of the Texas State University System



Office Use Only

Evidence of Vaccination - Bacterial Meningitis

The Texas Higher Education Coordinating Board requires a specific class of meningitis vaccine **MCV 4 Brand Names: Menveo, Menactra or Menomune

This form will be used by an entering or returning student to Sam Houston State University in order to satisfy the requirement to submit evidence of vaccination against hacterial meningitis, in compliance with SB 1107, 82ndR

STUDENT INFORMATION	ON SECTION MUST BE COMPLETED. Please print legibly.
Please check your entering semester at SHS Summer Fall Spring	SU:
Student Last Name:	Student First Name:
Sam ID#:	Date of Birth:/
Telephone #:	
**By signing this form, I certify that the ir and regulations concerning the bacterial	nformation provided is true and accurate and I understand the rules meningitis vaccination requirement.
	Date://
HEALTH PRACTITIONER SECTION to You may provide an OFFICIAL sho	to be completed by a licensed Health Practitioner or Designee <u>OR</u> t record along with this form.
HEALTH PRACTITIONER SECTION to You may provide an OFFICIAL sho	to be completed by a licensed Health Practitioner or Designee <u>OR</u> t record along with this form.
HEALTH PRACTITIONER SECTION to You may provide an OFFICIAL should be should be seen to the MCV 4 Bacterial Meningitis of the MCV 4 Bacterial M	to be completed by a licensed Health Practitioner or Designee OR t record along with this form. (Patient Name)
HEALTH PRACTITIONER SECTION to You may provide an OFFICIAL shoot I certify that Received the MCV 4 Bacterial Meningitist And it was administered by me or my off By signing this form, I certify that the information of the second of the s	t record along with this form. (Patient Name) Vaccination (Brand Names: Menveo, Menactra, Menomune)
HEALTH PRACTITIONER SECTION to You may provide an OFFICIAL shoot I certify that	t record along with this form. (Patient Name) Vaccination (Brand Names: Menveo, Menactra, Menomune) Tice on Month/Day/Year Ormation provided is true and accurate. Specifically, I certify the thorized by law to administer an immunization

** This requirement MUST be completed <u>BEFORE</u> registering for classes and/or securing housing on campus. If you have additional questions please call the Student Health Center @ 936-294-1805