



**Texas A&M International University Student Health Services
Evidence of Vaccination Against Bacterial Meningitis**

This form may be used by any incoming student to Texas A&M International University to satisfy the requirement for a bacterial meningitis vaccination. Texas Senate Bill 1107 and Senate Bill 62 require students entering institutions of higher education receive a vaccination against bacterial meningitis caused by the most common types of bacteria, or serogroups A, C, W and Y. *Only the bacterial meningitis vaccine, or MCV4, will meet the vaccine requirement; Meningitis B vaccines will not be accepted as proof of vaccination.*

The completed form must be uploaded electronically to Med+Proctor at www.medproctor.com.

THIS SECTION SHOULD BE COMPLETED BY STUDENT.

Last Name: _____ First Name: _____

Student ID #: A_____ Date of Birth: _____

Telephone number: _____ Email: _____

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

Student Signature: _____ Date: _____

THIS SECTION SHOULD BE COMPLETED BY LICENSED HEALTH PRACTITIONER, PHARMACIST OR DESIGNEE.

Last Name of Health Practitioner who administered vaccine: _____

First Name of Health Practitioner who administered vaccine: _____

Date of the administration of the bacterial meningitis vaccine: _____ / _____ / _____

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

- 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 Signature: _____ Date: _____

License Number: _____ Country (if other than USA): _____

Phone: _____ Organization/Facility: _____