

The University of Texas at Dallas
Office of the Registrar
800 West Campbell Road; ROC13
Richardson, TX 75080-0088
www.utdallas.edu/student/registrar/vaccine.html
updated 9/20/2013

For Registrar's Office Use Only

Date Rec'd: _____

Staff Initials: _____

Immunized Waiver

Requirement Completion Date: _____

MENINGOCOCCAL MENINGITIS VACCINE REQUIREMENT FORM

PLEASE NOTE: Students will not be allowed to register for courses until this form has been completed and all required documentation has been received.

Section A (Required): TO BE COMPLETED BY ENTERING STUDENTS. PLEASE PRINT LEGIBLY IN BLUE OR BLACK INK.

Date _____ UTD I.D. # _____

Name (Last) _____ (First) _____ (Middle) _____

Student Status (Check one): U.S. Citizen Permanent Resident International Birth date (MM/DD/YYYY) ____/____/____

Address _____ Phone: _____ (cell/home/work)

_____ Email: _____

Parental/Representative Permit (FOR STUDENTS UNDER THE AGE OF 18) I agree to provide on behalf of my son/daughter all required documentation and information concerning his/her vaccination with the meningococcal meningitis vaccine.

Print Name: _____ Relationship: _____

Signed: _____ Date: _____

Section B: MENINGITIS IMMUNIZATION DOCUMENTATION. See reverse side for a list of acceptable documentation.

I, _____ have reviewed and understand the information presented on the reverse
(Signature)

side of this form about meningococcal meningitis and the vaccine and has received the meningitis immunization.

DATE OF VACCINATION (MM/DD/YYYY) ____/____/____

(Check boxes as applicable)

- I have included a statement from a physician or other health care provider authorized by law to administer the Required Vaccine.
- I have included my official immunization record issued by a state or local health authority.
- I have included my official record from a Texas school official or a school official in another state.

Section C: MENINGITIS IMMUNIZATION WAIVER STATUS. PLEASE PRINT LEGIBLY IN BLUE OR BLACK INK.

I, _____ have reviewed and understand the information presented on the reverse
(Signature)

side of this form about meningococcal meningitis and the vaccine and has chosen not to submit evidence of receiving the vaccination under the following circumstance: (Check boxes as applicable)

- In the opinion of a physician the vaccination required would be injurious to my health and well-being; therefore, an affidavit or certificate signed by a physician duly registered and licensed to practice medicine in the U.S. is included with this form. The affidavit or certificate includes the physician's name, address, the state where licensed and license number.
- I have declined the vaccination for bacterial meningitis for reason of conscience, including religious belief; therefore a signed *affidavit /waiver stating that I have declined for reason of conscience is included with this form.

- Request affidavit through the Texas Department of State Health Services

<https://corequest.dshs.texas.gov>

WHAT YOU NEED TO KNOW ABOUT MENINGITIS

What is Meningococcal Meningitis? Meningococcal disease is a serious bacterial illness. It is a leading cause of bacterial meningitis in children 2 through 18 years old in the United States. Meningitis is an infection of the fluid surrounding the brain and spinal cord. Meningococcal disease also causes blood infections. About 1,000-2,600 people get meningococcal disease each year in the U.S. Even when they are treated with antibiotics, 10-15% of these people die. Of those who survive, another 11-19% lose their arms or legs, become deaf, have problems with their nervous systems, become mentally retarded, or suffer seizures or strokes.

Who is at risk? Anyone can get meningococcal disease, but it is most common in infants less than one year of age and people with certain medical conditions, such as lack of a spleen. College students who live on-campus and teenagers 15-19 have increased risk of getting meningococcal disease.

How is it spread? Meningococcal meningitis is spread through the air via respiratory secretions or close contact with an affected person. This can include coughing, sneezing, kissing or sharing items like utensils, cigarettes and drinking glasses.

WHAT YOU NEED TO KNOW ABOUT THE MENINGOCOCCAL MENINGITIS VACCINE

There are two kinds of meningococcal vaccine in the U.S.:

Meningococcal conjugate vaccine (MCV4) and *Meningococcal polysaccharide vaccines (MPSV4)*

Both vaccines can prevent 4 types of meningococcal disease, including 2 of the 3 types most common in the United States and a type that causes epidemics in Africa. Meningococcal vaccines cannot prevent all types of the disease. But they do protect many people who might become sick if they didn't get the vaccine. Both vaccines work well, and protect about 90% of people who get them.

Want more information? To find out more about Meningococcal disease, your vaccines, who should not get the meningococcal vaccine, and the risks of the vaccine, contact your doctor or nurse, call local or state health departments or contact the Center for Disease Control Prevention (www.cdc.gov/vaccines)

TEXAS IMMUNIZATION REQUIREMENT (HB 4189)

The University of Texas at Dallas complies [HB 1816](#) and [SB 1107](#) which requires all entering college students attending an institution of higher education in the state of Texas under the age of 22 as of the first official day of classes, show evidence of vaccination against bacterial meningitis, allowing for medical or religious exemptions. Evidence of the student having received the vaccination from an appropriate health practitioner must be received by The University of Texas at Dallas prior to registration. The student must have received the vaccination at least 10 days prior to the first official class day of the term.

WHAT IS ACCEPTABLE EVIDENCE OF VACCINATION?

Listed below are the acceptable forms of evidence a student may use to submit to the institution. The documentation must be in English, state the name and other information sufficient to identify the individual who received the required vaccination, state the month, date and year the required vaccine was administered.

- A. A statement provided by physician or other health care provider authorized by law to administer the Required Vaccine. The statement must include the name, address, signature or stamp, state of licensure and license number of the physician or other healthcare provider who administered the required vaccination; or of the public health official who administered the required vaccination.
- B. An official immunization record generated from the state or local health authority.
- C. An official record received directly from a Texas school official, or a school official in another state.

WHAT IS THE PROCESS TO REQUEST AN EXCEPTION/WAIVER?

A student (a parent or guardian of a student under the age of 18), is not required to submit evidence of receiving the vaccination against bacterial meningitis under the following circumstances where the student submits to the institution one (1) of the following:

- A. An affidavit or certificate signed by a physician who is duly registered and licensed to practice medicine in the U.S., in which it is stated that, in the physician's opinion, the vaccination required would be injurious to the health and well-being of the student.
- B. An **Exemption Form Immunizations for Reasons of Conscience** form signed by the student stating that the student declines the vaccination for bacterial meningitis for reasons of conscience, including religious beliefs. The affidavit must be obtained from the Texas Department of State Health Services, <https://corequest.dshs.texas.gov>.