

SUL ROSS STATE UNIVERSITY BACTERIAL MENINGITIS VACCINATION COMPLIANCE FORM

PLEASE NOTE: STUDENTS WILL NOT BE ALLOWED TO COMPLETE THEIR REGISTRATION UNTIL THIS FORM HAS BEEN COMPLETED AND ALL REQUIRED DOCUMENTATION HAS BEEN RECEIVED AND PROCESSED. YOU NEED NOT COMPLETE THIS FORM IF YOU WILL BE 22 OR OLDER ON FIRST CLASS DAY.

Email to: registrar@sulross.edu Fax to: (432) 837-8411

Mail to: Sul Ross State University in c/o Center for Enrollment Services Box C-2 Alpine, TX 79832
Please use black or blue Ink

REQUIRED: STUDENT INFORMATION			
Last Name	First Name	MI	SRSU Student # (Banner A#)
Date of Birth (MM/DD/YYYY)	Phone: ()	Gender: ___ Male ___ Female	
Local Mailing Address: Street: _____ City: _____ State: _____ Zip _____	SRSU Email Address: _____@sulross.edu Personal Email Address: _____@ Semester and Year of Entry ___ Summer ___ Fall ___ Spring, 20__	Living arrangements: ___ On campus (residential living) ___ Off campus	

COMPLETE EITHER OPTION 1 OR 2

OPTION 1: VACCINATION
<p>Select applicable documentation <u>(DO NOT SEND YOUR ENTIRE MEDICAL HISTORY):</u></p> <p>___ I have included a copy of my official immunization record for the Bacterial Meningitis Immunization issued by a state or local health authority; OR</p> <p>___ I have included a copy of my official record from a Texas school official or a school official in another state; OR</p> <p>___ A licensed health care professional, authorized by law to administer the required vaccine, has certified my immunization and has completed the information below (additional documentation is not required).</p> <p>To be completed by <u>licensed health care professional</u>: Vaccination Date: _____</p> <p style="text-align: center;">Vaccine Type: MCV4 MPSV4 Brand Name: _____</p> <p><i>I certify the above named student has received the Bacterial Meningitis Immunization on the date listed above.</i></p> <p>Health Care Professional's Signature: _____ Printed Name: _____</p> <p>Provider's Agency Name & Address: _____ Date: _____</p>
OPTION 2: WAIVER
<p>Select applicable waiver:</p> <p>___ I am requesting an exemption from the meningitis vaccination requirement due to enrollment only in online classes and have included the required SRSU "Request for Bacterial Meningitis Vaccination Online Exception" form.</p> <p>___ In the opinion of a physician the vaccination required would be injurious to my health and well-being, therefore a letter signed by a physician duly registered and licensed to practice medicine in the U.S. is included with this form. The letter includes the physician's name, agency name, and address.</p> <p>___ I have declined the vaccination for bacterial meningitis for reason of conscience, including religious belief; therefore a signed and notarized "Exemption from Immunizations for Bacterial Meningitis for Reasons of Conscience" affidavit is included with this form.</p> <ul style="list-style-type: none"> • Must use Texas Department of State Health Services Affidavit. Exemption must be requested. http://www.dshs.state.tx.us/immunize/school/default.shtm#exclusions

I have read and understand the Bacterial Meningitis immunization requirements. I certify that, to the best of my knowledge, the above information (including any attached copies) is true and correct.

Student Signature: _____ **Print:** _____ **Date:** _____

For Office Use Only:			
CES: Date Received: _____	Staff Initials: _____	ID Check _____	
SHS: Date Received: _____	Staff Initials: _____	Hold Removed & Initials _____	Immunized or Waiver

SRSU reserves the right to verify authenticity of submitted record.