

Bacterial Meningitis Immunization Record Form

Please read the [Bacterial Meningitis immunization information](#) prior to completing this form.

ALL applicable sections should be completed ONLINE prior to printing.

STUDENT INFORMATION			
University of Houston-Victoria ID# (myUHV ID)	Date of Birth (MM/DD/YYYY)	Enrollment Term (Semester and Year)	
Last Name	First Name	MI	Gender: Male Female
Mailing Address		Apartment #	Phone Number:
City	State	Zip Code	Email Address

SELECT OPTION 1 OR 2

OPTION 1: Select type of attachment	
A <u>COPY</u> of your official immunization record signed by a Health Care Provider Documentation must be in English	Date of Immunization (MM/DD/YYYY)
Medical Exemption Letter or Certificate Must be signed by a healthcare professional and specify timeframe of exemption	
Texas Department of State Health Services Conscientious Exemption Form (Submit ORIGINAL only, a copy will not be accepted)	
An official record received from school officials, including a record from another state	

OPTION 2: To be completed by a Health Care Provider	
Date of Immunization (MM/DD/YYYY) <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> Vaccine Administered: <input type="checkbox"/> MCV4 <input type="checkbox"/> MPSV4 Vaccine Information Statement	Office Stamp: Health Care Provider's Name, Address, Phone Number Signature and Title of Health Care Provider Date

I have read and understand the Bacterial Meningitis Immunizations requirements. I certify that, to the best of my knowledge, the above information (including any attached copies) is true and correct. I also give my consent for the above immunization record to be entered into my electronic student record.	
Student's Signature - REQUIRED	Date
MINORS: Student under 18 years of age	
Signature of Parent or Legal Guardian – REQUIRED if student is under 18 years of age	Date
Printed Name of Parent or Legal Guardian	Relationship to Student

OFFICE USE ONLY			
Document #	Date Received	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Incomplete By: _____ Emailed: _____	PS _____ By: _____ Log _____ By: _____

Return completed form and appropriate documentation to the Office of Admissions via fax: 361-580-5500 or email: admissions@uhv.edu
 Make a copy of your immunization documentation for your records. The university does not provide copies of immunization record submissions.