



## Licensed Health Care Professional Bacterial Meningitis Verification Form

New students, returning students or continuing students may request exemption from the meningitis vaccination requirement (*Texas Education Code § 51.9191/51.9192(b)*). Request for required affidavit must be obtained from the Texas Department of State Health Service: <https://corequestjc.dshs.texas.gov>.

The completed form may be delivered in person or uploaded in your ACES portal.

Student Banner ID \_\_\_\_\_ Semester/Year \_\_\_\_\_

Last Name, First Name (please print) \_\_\_\_\_

Birth Date \_\_\_\_\_

### Licensed Health Care Professional Bacterial Meningitis Verification

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).

**To be completed by licensed health care professional:**

Vaccination Date (MM/DD/YYYY): \_\_\_\_\_

Vaccine Type:  MCV4  MPSV4 Brand Name: \_\_\_\_\_

*I certify the above named student has received the Bacterial Meningitis Immunization on the date listed above.*

**Health Care Professional's Signature:** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_

**Provider's Agency Name & Address:** \_\_\_\_\_ **Date:** \_\_\_\_\_