

UNIVERSITY of HOUSTON

PROOF OF BACTERIAL MENINGITIS IMMUNIZATION COMPLIANCE

Please read the immunization requirements prior to completing this form.
ALL applicable sections should be completed prior to printing.

STUDENT INFORMATION			
University of Houston ID # (<i>myUH ID</i>)	Date of Birth (MM/DD/YYYY)	Enrollment Term (Semester and Year)	
Last Name	First Name	MI	Gender:
Mailing Address			Apartment #
City	State	Zip Code	Phone Number
Student Status		Email Address	

SELECT OPTION 1 OR 2

OPTION 1: Select type of attachment
<input type="checkbox"/> A <u>COPY</u> of your official immunization record signed by a Health Care Provider Documentation must be in English or accompanied by a notarized translation
<input type="checkbox"/> Medical Exemption Affidavit or Certificate (<i>The law requires that you visit a doctor in the U.S. to be able to get an exemption for medical reasons.</i>)
<input type="checkbox"/> Texas Department of State Health Services Exemption Form (<i>For reasons of conscience including religious beliefs</i>) <i>Submit ORIGINAL only, a copy will not be accepted</i>

OPTION 2: Physician or Other Health Care Provider Must Complete A or B

A: Vaccination Date: _____	Vaccine	Type:	As recommended by the CDC http://www.cdc.gov/vaccines/hcp/vis/vis-statements/mening.html
PLEASE DO NOT SIGN THE COMPLIANCE FORM UNLESS THE STUDENT HAS PROPER VACCINES OR IMMUNE TESTS. _____ (Signature of Physician or Other Health Care Provider)		Please print name, office address, phone number and the state where licensed and license number. _____ Date	
B: BACTERIAL MENINGITIS MEDICAL EXEMPTION IN THE OPINION OF THE PHYSICIAN, THE BACTERIAL MENINGITIS VACCINATION REQUIRED WOULD BE INJURIOUS TO THE HEALTH AND WELL-BEING OF THE STUDENT AND SHOULD NOT BE ADMINISTERED AT THIS TIME. _____ (Signature of Physician or Other Health Care Provider)			

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. I also give my consent for the above immunization record to be entered into my student record.

Student's Signature - REQUIRED	Date

MINORS: Students 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	