

Laredo Community College
Evidence of Bacterial Meningitis Vaccination Form
For Enrollment Purposes

Print Name _____ DOB ____/____/____ PID _____

The State of Texas requires new students, transfer students, and returning students under the age of 22, following a break in enrollment of at least one fall or one spring semester, to be immunized against Bacterial Meningitis. In compliance with SB 1107, students who attend an institution of higher education must receive the Bacterial Meningitis vaccination no later than 10 days before the first day of the semester. This dose OR booster must be no more than *five years* old from the date the student enrolls.

You may satisfy the Bacterial Meningitis requirement by one of the two following methods:
Please check your selection:

- (1) This portion must be completed by: your health practitioner or authorized designee; or, for high school students – your campus nurse.

__ Evidence of Date Bacterial Meningitis Vaccine administered ____/____/____

Date of Vaccine Administration: ____/____/____ Date of Vaccine Expiration: ____/____/____

Health Practitioner/Designee Name: _____

Health Practitioner/Designee Signature: _____

Healthcare Facility: _____ Date: ____/____/____

- (2) Exemption

__ A completed electronic and signed Exemption of the Meningococcal Vaccination Requirements for Reasons of Conscience form available through the Texas Department of State Health Services (DSHS). This form must be completed online at <https://corequestjc.dshs.texas.gov/>. If the student is 17 years of age or younger, the form must be signed by a parent or guardian who claims the student as a dependent.

If this exemption is used, please include this form, along with the printed exemption form, and turn these in to the Office of Admissions and Registrar's.

Note:

The Health Science Programs, Athletics, and students living at the dorms, may require other evidence of health records as noted by each individual program.

For Office Use Only (Banner Entry)

Vaccine Hold Date (either the last day before age 22 or vaccine expiration date, whichever comes first):

____/____/____

Entered By: _____

Date: _____