

Staying in Hunter Hall  Yes  No

Mail to: University of Houston-Clear Lake, Office of Academic Records, 2700 Bay Area Blvd., Houston, TX 77058 or Hand deliver to: (CL Campus) Office of the Registrar SSCB Suite 3203 or fax (281-226-7230) (Pearland Campus) Office of Enrollment Services, A128

# University of Houston Clear Lake

## PROOF OF BACTERIAL MENINGITIS IMMUNIZATION COMPLIANCE

Please read the immunization requirements prior to completing this form.

Student/Parent Completes

<https://www.uhcl.edu/registrar/enrollment/immunization-requirements>

Medical/Health Professional Completes

STUDENT INFORMATION (ALL FIELDS REQUIRED)			
Student ID #	Date of Birth (MM/DD/YYYY)	Enrollment Term (Semester and Year)	
Last Name	First Name	MI	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Mailing Address		Apartment #	Phone Number
City	State	Zip Code	
Student Status	<input type="checkbox"/> New to UHCL <input type="checkbox"/> Returning-(Not enrolled for less than 1 year) <input type="checkbox"/> Readmit-(Not enrolled for more than 1 year)	Email Address	

### SELECT OPTION 1 OR 2

<input type="checkbox"/> <b>A COPY of your official immunization record signed by a Health Care Provider</b> Documentation must be in English or accompanied by a notarized translation
<input type="checkbox"/> <b>Medical Exemption Affidavit or Certificate</b> ( <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"/> <a href="#">Texas Department of State Health Services Exemption Form</a> ( <i>Exemption for reasons of conscience including religious beliefs.</i> ) <b>Submit ORIGINAL only, a copy will not be accepted</b>

A: Vaccination Date: \_\_\_\_\_ Vaccine Type: MCV4  MPSV4   
**Date must be within the past 5 years.**

**A: PLEASE DO NOT SIGN THE COMPLIANCE FORM UNLESS THE STUDENT HAS PROPER VACCINES OR IMMUNE TESTS.**

\_\_\_\_\_  
(Signature of Physician or Other Health Care Provider)

\_\_\_\_\_  
Date

C: Please print or stamp complete name, complete office address, phone number and the state where licensed and license number.

**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)

\_\_\_\_\_  
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 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

**Please make a copy of your immunization documentation for your records.  
The University does not provide copies of immunization records that are submitted.**

## WHAT YOU NEED TO KNOW ABOUT MENINGITIS

**What is Meningococcal Meningitis?** Meningococcal disease is an infection caused by a strain of bacteria called *Neisseria meningitidis*. It is a leading cause of bacterial meningitis in children ages 2 through 18 years old in the United States. Meningitis is an infection of the fluid surrounding the brain and spinal cord and/or blood infections. People that contract this disease can lose their arms or legs, become deaf, have problems with their nervous system, sustain cognitive deficits, or suffer seizures or strokes.

**Who is at Risk?** Anyone can get meningococcal disease. Among the most common people getting meningococcal disease, are infants less than one year of age and those 16-23 years. College freshman living in dorms have an increased risk of getting this disease.

**How is it Spread?** Meningococcal meningitis is spread through the air via respiratory secretions or close contact with an affected person. This can include coughing, sneezing, kissing or sharing items such as foods/drinks, utensils, cigarettes and drinking glasses.

## WHAT YOU NEED TO KNOW ABOUT THE MENINGOCOCCAL MENINGITIS VACCINE

Best way to protect yourself, is to get vaccinated. There are **two** kinds of meningococcal vaccines in the U.S.: ***Meningococcal conjugate vaccine (MCV4)*** and ***Meningococcal polysaccharide vaccines (MPSV4)***. Some examples of other acceptable names used by Medical Professionals are Menveo, Menactra, and Meningococcal.

Both vaccines can prevent 4 types of meningococcal disease, including 2 of the 3 types most common in the United States and a type that causes epidemics in Africa. Meningococcal vaccines cannot prevent all types of the disease. but they do protect many people who might become sick if they didn't get the vaccine. Both vaccines work well, and protect about 90% of people who get them.

**Want more information?** To find out more on Meningococcal disease, the vaccines, about people who should not get the meningococcal vaccine or wait and the risks of the vaccine students should contact their doctor or nurse, call their local or state health department or contact the Center for Disease Control Prevention ([www.cdc.gov/vaccines](http://www.cdc.gov/vaccines))

## TEXAS IMMUNIZATION REQUIREMENT

Texas law requires all first-time students attending an institution of higher education in the state of Texas, including transfer students, to show evidence of vaccination against bacterial meningitis, allowing for medical or religious exemptions, prior to enrollment. The institution of higher education must receive from an appropriate health practitioner evidence of the student have received the initial bacterial meningitis vaccination or booster dose during the five-year period prior to but no later than 10 days prior to the first day of the school semester. Please refer to the [Texas Education Code](#) Sec 51.9191-9192 for more information.

## WHAT IS ACCEPTABLE EVIDENCE OF VACCINATION AT UNIVERSITY OF HOUSTON CLEAR LAKE (UHCL)?

**NOTE: Any Meningitis shot NOT administered within the last FIVE years will not be accepted, as proof. Acceptable proof includes one of the following:**

- A form containing the month, date and year that the vaccine was administered, with the signature, E-Signature or stamp of a Health Practitioner. A document may also be faxed directly from Doctor's office.
- An official immunization record generated from a state of local health authority that shows the month, day, and year the vaccination was administered.
- An official record received from school officials; this includes records from out of state. The record must include the name, title, signature, and date of school official.
- UHCL's [Proof of Bacterial Meningitis Immunization Compliance Form](#) containing the required information with the signature or stamp of a physician or his/her designee, or public health personnel. Please read the compliance form instructions carefully. All students must fill the Student Information section then choose option 1 or 2 and fully complete the document. The Proof of Bacterial Meningitis Immunization Compliance Form must have the health professional's signature and credentials and be submitted with or without attachments to UHCL. If students decide to use the Compliance form without signature of medical professional, the attachment must have the medical professional's signature.

## WHICH STUDENTS ARE EXEMPT FROM PROVIDING PROOF OF VACCINATION?

- Students 22 years of age or older by the first day of the semester, not living in Residence Hall (Hunter Hall)
  - **ALL STUDENTS LIVING IN HUNTER HALL, ON CAMPUS, MUST HAVE A VACCINATION.**
- Students only enrolled in distance education (online) courses
- Students (or parents/guardians) who provide:
  - An affidavit or a certificate signed by a physician who is duly registered and licensed to practice medicine in the United States, and in which it is stated that, in the physician's opinion, the vaccination required would be injurious to the health and well-being of the student; or
  - An original affidavit notarized and signed by the student, stating that you decline the vaccination for bacterial meningitis for reasons of conscience, including a religious belief. A conscience exemption form issued by the [Texas Department of State Health Services](#)

## FOR MORE INFORMATION

Please refer to the University Website's Immunization Page:

<https://www.uhcl.edu/registrar/enrollment/immunization-requirements>