

BACTERIAL MENINGITIS VACCINATION FORM

Print Name _____

SRSU ID# _____

SB 1107 Bacterial Meningitis Vaccination

In compliance with SB 1107, a first-time student attending an institution of higher education in Texas, including a transfer student, or a re-admitted student who has had a break in enrollment of at least a fall or spring semester must provide written documentation of having received the bacterial meningitis vaccination.

Evidence of the student having received the vaccination from an appropriate health practitioner must be received by Student Health Services. This information shall be maintained in accordance with Family Education Rights and Privacy Act Regulations and the Health Insurance Portability and Accountability Act.

Failure to provide written documentation of having received the bacterial meningitis vaccination or evidence of a qualified exemption may result in the student not being allowed to attend classes and any registration canceled.

Exception to requirement

A student is not required to submit evidence of receiving the vaccination against bacterial meningitis or evidence of receiving a booster dose if the student is 30 years of age or older or if the student is enrolled only in online or other distance education courses.

I have been vaccinated and am providing evidence by one of the following

_____ An official record generated from a state or local health authority (submit copy)

_____ An official record generated from school officials, including a record from another state (submit copy)

_____ Received the vaccination from a registered health care provider (fill out section below)

Date of vaccination ____/____/____

Signature of Health Care Provider _____ Date ____/____/____

OR

Office stamp of the physician or his/her designee, or public health personnel:

Date ____/____/____

I am exempt from the vaccine and am providing evidence by one of the following

A student, or a parent or guardian of a student, is not required to submit evidence of receiving the vaccination against bacterial meningitis if, under one of the following circumstances, the student, or a parent or guardian of a student submits one of the following to the institution.

_____ an affidavit or a certificate signed by a physician who is duly registered and licensed to practice medicine in the United States, 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.

_____ an affidavit signed by the student stating that the student declines the vaccination for bacterial meningitis for reasons of conscience, including a religious belief. A conscientious exemption form from the Texas Department of State Health Services must be used. <https://webds.dshs.state.tx.us/immco/affidavit.shtml>

The exception noted in Section 21.614(B) does not apply during a disaster or public health emergency, terrorist attack, hostile military or paramilitary action, or extraordinary law enforcement emergency declared by an appropriate official or authority from the Texas Department of State Health Services and is in effect for the location of the institution the student attends.