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Office Use Only

Sam Houston State University
A member of the Texas State University System



Evidence of Vaccination - Bacterial Meningitis

The Texas Higher Education Coordinating Board requires a **specific class of meningitis vaccine**
****MCV 4 Brand Names: Menveo, Menactra or Menomune**

STUDENT INFORMATION SECTION MUST BE COMPLETED. Please print legibly.

Please check your entering semester at SHSU:

Summer
Fall
Spring

Student Last Name: _____ Student First Name: _____

Sam ID#: _____ Date of Birth: _____ / _____ / _____
Month Day Year

Telephone #: _____

**By signing this form, I certify that the information provided is true and accurate and I understand the rules and regulations concerning the bacterial meningitis vaccination requirement.

Student Signature: _____ Date: _____ / _____ / _____

**HEALTH PRACTITIONER SECTION to be completed by a licensed Health Practitioner or Designee OR
You may provide an OFFICIAL shot record along with this form.**

I certify that _____ (Patient Name)
Month Day Year

Received the MCV 4 Bacterial Meningitis Vaccination (Brand Names: Menveo, Menactra, Menomune)

And it was administered by me or my office on _____
Month/Day/Year

By signing this form, I certify that the information provided is true and accurate. Specifically, I certify the following:

- I am a Health Practitioner authorized by law to administer an immunization
- I have legal designation to complete and sign this form on behalf of a Health Practitioner authorized by law to administer an immunization.

Health Practitioner or Designee Signature: _____ Date _____

Name and Address of Facility or Clinic: _____

****The completed form should be uploaded to your medical record through the Patient Portal
www.shsumedicatconnect.com**

See detailed instructions on our website: shsu.edu/healthcenter

**** This requirement MUST be completed BEFORE registering for classes and/or securing housing on campus. If you have additional questions please call the Student Health Center @ 936-294-1805 or email at shc@shsu.edu**