

Blinn College

Evidence of Vaccination against Bacterial Meningitis

This form is used to satisfy the requirement to submit evidence of a bacterial meningitis vaccination, in compliance with Texas Senate Bill 1107. Senate Bill 1107 states, students who attend an institution of higher education must receive the Bacterial Meningitis vaccination 10 days prior to the start of the semester. This dose OR booster must be no more than five years old from the date the student enrolls.

The completed form may be mailed, faxed, emailed, or delivered in person to the Office of Admissions, 902 College Avenue, Brenham, TX 77833, fax to 979.830.4110, email to admissions@blinn.edu

This section should be completed by the student

Student's First Name: _____ Student's Last Name: _____

Student's Blinn ID: _____ Date of Birth: ____/____/____

Telephone Number: _____

Choose the semester you wish to attend Blinn College (Select the semester and indicate the year)

Fall, Year ____ Spring, Year ____ Summer I, Year ____ Summer II, Year ____

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

Students Signature: _____ Date: ____/____/____

This section should be completed by a licensed Health Practitioner or Designee

Full Name of Health Practitioner who administered the vaccination: _____

Date of the bacterial meningitis vaccination or booster: ____/____/____

Full Name of the student receiving the vaccination: _____

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

- I am a Health Practitioner authorized by law to administer an immunization or I have legal designation 10 complete and sign this form on behalf of a Health Practitioner authorized by law to administer an immunization.
- The individual who administered the bacterial meningitis vaccination to the named student above is or was a Health Practitioner authorized by law to administer an immunization
- The bacterial meningitis vaccination was administered to the named student above by the Health Practitioner named above and on the date provided above.

Health Practitioner or Designee Signature: _____ Date: ____/____/____

License Number: _____ Telephone Number: _____