



## BACTERIAL MENINGITIS VACCINATION FORM

Effective January 1, 2012, all new students in the State of Texas under the age of 30 must submit proof of bacterial meningitis vaccination (Meningococcal Vaccine) or booster within last five years before registering for classes. The date of the vaccination must be **at least 10 days before the first day of class, to allow time for vaccination to take effect.** **Vaccination records must be in English.**

**Proof of the vaccination must include the physician or health care professional’s signature, the date the vaccination was administered, the medical facility’s stamp and seal, and contact information.** The average cost of the vaccination against the bacterial meningitis is about \$140.

### You must provide proof of meningitis vaccine if:

- You are enrolling for the first time at DCCCD
- You are returning after a semester break in enrollment

### Exemptions: You are exempt from this Texas State law if:

- **You are 30 years of age or older** (by the first day of the semester in which you will enroll)
- You submit an affidavit stating that you decline the vaccination, based on health and well-being or for reasons of conscience, including religious beliefs. You must submit the Exemption Form from the Texas Department of State Health Services: <https://webds.dshs.state.tx.us/immco/affidavit.shtm>  
This may take up to 30 days.

It is important that students consult with their doctor about the need to be immunized against bacterial meningitis to prevent the disease. Please read more information on: [www.dcccd.edu/meningitis](http://www.dcccd.edu/meningitis)

- I understand that the vaccination must be administered before I register for classes.
- I understand that I must obtain the bacterial meningitis vaccination at least 10 days before the first day of class.
- I understand that ***I will not be allowed to register*** for courses at Richland College without the Meningococcal Vaccine.
- I understand that proof of the vaccination must be in English and must include the physician or health care professional’s signature, the date the vaccination was administered, the medical facility’s stamp and seal, and contact information.

SECTION 1: F-1 INTERNATIONAL STUDENT INFORMATION		
Please select one of the following options about your enrollment at Richland College:		
<input type="checkbox"/> New Student	<input type="checkbox"/> Transfer Student	<input type="checkbox"/> Returning Student
Last Name	First Name	Middle Name
Date of Birth (Month/Day/Year)	Age	E-mail Address

SECTION 2: I have read and understood the Bacterial Meningitis vaccination admission requirement.	
Student’s signature ( <b>18 years of age or older</b> )	Date (MM/DD/YYYY) ____/____/____
<b>MINORS:</b> Students under 18 years of age	
Signature of Parent or Legal Guardian	Date (MM/DD/YYYY) ____/____/____
Full Name of Parent or Legal Guardian	Relationship to Student