

## MANDATORY REQUIREMENT

**Date of Immunization must be during the five-year period preceding and at least 10 days prior to the first day of the first semester in which the student initially enrolls at an institution.  
August 10, 2007 - August 10, 2012**

Prairie View A&M University strives to keep all students healthy and safe. As such, the Department of Health Services is working to inform all students of the precautions needed to keep themselves healthy including the newest requirements regarding bacterial meningitis vaccinations.

The state of Texas now requires that every first-time student **age 29 or younger** regardless of classification, enrolling on or after January 1, 2012, must show evidence of being immunized against bacterial meningitis.

### What this means to you:

(1) If you are enrolling at Prairie View A&M University for the first-time (including transfers from another institution) you must show evidence of being immunized against bacterial meningitis.

(2) If you previously attended an institution of higher education or private or independent institution of higher education before January 1, 2012, and you are enrolling in the same or another institution of higher education or private or independent institution of higher education **following a break in enrollment** of at least one fall or spring semester you must show evidence of being immunized against bacterial meningitis.

(3) You must submit evidence that you have received the bacterial meningitis vaccination no later than **July 10, 2012**. International students must provide a certified English translation of all documents. If evidence has not been submitted by the due date, you will be unable to register for classes.

**Evidence of vaccination** must be submitted to the Department of Health Services no **later than July 10, 2012** in one of the following three formats:

1. A document bearing the signature or stamp of the physician or his/her designee, or public health personnel including the month, day, and year the vaccination was administered.
2. An official immunization record generated from a state or local health authority. This must include the month, day, and year the vaccination was administered.
3. An official record received from school officials, including a record from another state (must include the month, day and year the vaccination was administered).

### **Exceptions to Bacterial Meningitis Vaccination Requirement**

A student is not required to submit evidence of receiving the vaccination against bacterial meningitis, or a booster dose, if:

- (1) the student is 30 years of age or older by the first day of the start of the semester; or
- (2) the student is enrolled only in online or other distance education courses; or
- (3) the student is enrolled in a continuing education course or program that is less than 360 contact hours, or continuing education corporate training; or
- (4) the student is enrolled in a dual credit course which is taught at a public or private K-12 facility not located on a higher education institution campus; or
- (5) the student is incarcerated in a Texas prison.

## MANDATORY REQUIREMENT

**Date of Immunization must be during the five-year period preceding and at least 10 days prior to the first day of the first semester in which the student initially enrolls at an institution.  
August 10, 2007 - August 10, 2012**

**Evidence of declining vaccination** must be submitted in one of the following formats:

A student is not required to submit evidence of receiving the vaccination against bacterial meningitis, if the student submits to the institution:

- (1) An affidavit or certificate signed by a physician who is duly registered and licensed to practice medicine in the United States, stating that in the physician's opinion, the vaccination would be injurious to the health and well-being of the student; or
- (2) An affidavit signed by the student stating that the student declines the vaccination for reasons of conscience, including a religious belief. A conscientious exemption form from the Texas Department of State Health Services (DSHS) must be used.

### Conscientious Objection form for student LIVING IN ON-CAMPUS HOUSING

If a student has an objection to receiving the vaccination for reasons of conscience, information about requesting the affidavit form from DSHS is found at <http://www.dshs.state.tx.us/immunize/school/default.shtm#exclusions>.

The DSHS form may be ordered electronically; however it will be mailed to the address provided by the student. **It may take up to two weeks to receive the DSHS form.** It is the student's responsibility to complete the DSHS form and have it notarized. The student must file the completed/notarized form and including the Cover Page(page 4 of this document).

### Conscientious Objection form for student **NOT** LIVING IN ON-CAMPUS HOUSING

For new students at institutions of higher education NOT living or residing in on-campus housing, who wish to file an affidavit stating that the student declines the vaccination for bacterial meningitis for reasons of conscience, the student may use the **official Texas Higher Education Coordinating Board's form**, accessible from the website at the link below. The student must print the form, have it notarized, and file it with the Department of Health Services, including the Cover Page(page 4 of this document).

<http://www.theccb.state.tx.us/reports/PDF/2554.PDF?CFID=22714954&CFTOKEN=75006751>

Returning the forms early will avoid periodic notification of the absence of this form from your official TTU University Student Housing Student record. The meningitis vaccination is available at the Owens-Franklin Health Center with your acceptance letter.

All documents or approved exemption forms must be **received** by the Department of Health Services by **July 10, 2012**. Documents may be mailed, faxed, emailed or hand delivered to the Department of Health Services

### **MANDATORY REQUIREMENT**

**Date of Immunization must be during the five-year period preceding and at least 10 days prior to the first day of the first semester in which the student initially enrolls at an institution.  
August 10, 2007 - August 10, 2012**

On all documents whether mailed, emailed, faxed or hand delivered you **must include the attached cover page.**

**Mail:** Health Services  
Prairie View A&M University  
P.O. 519 MS 1413  
Prairie View, TX 77446

**Email:** [healthservices@pvamu.edu](mailto:healthservices@pvamu.edu)

**Fax:** 936/857-4999

**Hand Delivery:** Owens-Franklin Health Center  
Reda Bland Evans @ O J Baker Street

**Please remember the deadline is JULY 10, 2012.**

**YOU CANNOT REGISTER FOR CLASSES WITHOUT THE REQUIRED DOCUMENTATION!**

**Thank you for your cooperation in this very serious matter!**

**MANDATORY REQUIREMENT**

**Date of Immunization must be during the five-year period preceding and at least 10 days prior to the first day of the first semester in which the student initially enrolls at an institution.  
August 10, 2007 - August 10, 2012**

**COVER PAGE FOR MENINGITIS DOCUMENTATION TO BE COMPLETED BY STUDENT**

Name: \_\_\_\_\_ (Print)

Student ID #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Projected Enrollment Date: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Email Address : \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
Signature (Student)

**OWENS-FRANKLIN HEALTH CENTER STAFF ONLY:**

Date Received: \_\_\_\_\_ Staff: \_\_\_\_\_

Method: Mail ( ) Email ( ) Faxed ( ) Hand Delivered ( )

Complete ( ) Incomplete ( )

**IF INCOMPLETE:**

Contact Date: \_\_\_\_\_ Staff: \_\_\_\_\_

Method: Mail ( ) Email ( ) Faxed ( ) Hand Delivered ( )

Notes: \_\_\_\_\_