

Prairie View A&M University  
Health Services

Spring 2012

## 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.  
January 7, 2007 - January 7, 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, 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, private or independent before January 1, 2012, and you are enrolling in the same or another institution of higher education private or independent **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 **December 15, 2011**.

(4) 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 and/or attend classes.

### Immunizations must be administered at minimum according to the following:

**Non-Residential Students**      **10 days before** the first day of Class - January 17, 2012

**Residential Students**      **10 days before** your designated move-in date

**Evidence of vaccination** must be submitted to the Department of Health Services no **later than December 15, 2011** 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 to include the month, day and year the vaccination was administered.
3. An official record received from school officials, including a record from another state to include the month, day and year the vaccination was administered.

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

1. An affidavit or certificate signed by a physician who is duly registered and licensed to practice medicine in the United States, in which it is stated that, the physician's opinion, the vaccination required would be injurious to the health and well-being of the student.
2. 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. Secure on-line "Affidavit Request for Exemption from Immunizations for Reasons of Conscience" can be found at <https://webds.dshs.state.tx.us/immco/affidavit.shtm>

Returning the forms early will avoid interruption of class attendance and/or University Student Housing. Additionally you will save money by not having to pay additional housing charges during the wait period.

The meningitis vaccination is available at the Owens-Franklin Health Center and charges vary depending on the Health Center's cost of the vaccination.

All documents or approved exemption forms must be **received** by the Department of Health Services by **December 15, 2011**. Documents may be mailed, faxed, emailed or hand-delivered to the Department of Health Services.

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

**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 **December 15, 2011**.**

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

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**COVER PAGE FOR MENINGITIS DOCUMENTATION**

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

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

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

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

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

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

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**HEALTH SERVICES STAFF ONLY:**

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

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

Complete ( ) Incomplete ( ) **Continue if incomplete.**

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

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

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