MANDATORY REQUIREMENT

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 on later than **December 15, 2011**. 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 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. 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).

**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](https://webds.dshs.state.tx.us/immco/affidavit.shtm)
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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 December 15, 2011. Documents may be mailed, faxed, emailed or hand delivered to the Department of Health Services.

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

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!
MANDATORY REQUIREMENT

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)

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: ________________________________________________________________________