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.
Evidence of Vaccination must verify that the vaccination was received during the five year period prior to and no later than 10 days before the first day of the semester.  All documents should include your full name and date of birth.

**Entering Spring 2017 – vaccination must be on or after 01/13/2012
Entering Summer 2017 – vaccination must be on or after 06/02/2012
Entering Fall 2017 – vaccination must be on or after 09/01/2012**

**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 **April 14, 2017** 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 Prairie View A&M University’s Department of Health Services no **later than April 14, 2017 i**n 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 22 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.

**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**

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 include the Cover Page (page 3 of this document).

The meningitis vaccination is available at many pharmacies, your local health department, your private health provider or Owens-Franklin Health Center.

All documents or approved exemption forms must be **received** by the Prairie View A&M University's Department of Health Services by **April 14, 2017.** Documents may be mailed, emailed or hand delivered to the Department of Health Services

All documents whether mailed, emailed, or hand delivered must include the attached cover page.

**YOU MUST INCLUDE YOUR NAME & PVAMU STUDENT ID# ON EACH PAGE SUBMITTED.**

**Fax: 936-857-4999 Include Immunization Records in Subject Line**

**Mail:** Health Services **Email:** **healthservices@pvamu.edu**

Prairie View A&M University **Hand Delivery:** P.O. 519 MS 1413 Owens-Franklin Health Center
Prairie View, TX 77446 1125 Reda Bland Evans Street Prairie View, TX 77446

**Please remember the deadline is April 14, 2017**

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

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

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

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

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

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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_