

**UTSA Student Health Services**  
**MENINGITIS VACCINE ADMINISTRATION RECORD FORM**

**To Submit:**

**Mail:**

Student Health Services  
One UTSA Circle  
San Antonio, TX 78249

**Scan & Email:** StudentHealthServices@utsa.edu

**Fax:** 210- 458-4151

**Section A: Completed by Student**

**Date:** \_\_\_\_\_

**Name (Last)** \_\_\_\_\_ **(First)** \_\_\_\_\_ **(Middle)** \_\_\_\_\_

**Birth date (MM/DD/YYYY)** \_\_\_/\_\_\_/\_\_\_

**Student ID (Banner or myUTSA ID @01234567/ABC123):** \_\_\_\_\_

**Semester of Entry:** Year \_\_\_\_\_  Summer  Fall  Spring

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

\_\_\_\_\_ **Email:** \_\_\_\_\_

\_\_\_\_\_

**Section B: Completed by Health Care Professional**

**Vaccination Date:** \_\_\_\_\_ **Vaccination Type:**  MCV4  MPSV4

*I certify the above-named student has received the Bacterial Meningitis Immunization on the date listed above.*

**Health Care Professional's Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Provider's Agency Name & Address:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_