

The University of Texas at San Antonio
 Student Health Services
 One UTSA Circle
 San Antonio, TX 78249
 Mail to above address or Fax to: (210) 458-4151

For UTSA Student Health Services
 Office Use Only

Date Rec'd: _____

Staff Initials: _____

Immunized Waiver

Requirement Completion Date: _____

MENINGOCOCCAL MENINGITIS VACCINE REQUIREMENT FORM

PLEASE NOTE: STUDENTS WILL NOT BE ALLOWED TO COMPLETE THEIR REGISTRATION UNTIL THIS FORM HAS BEEN COMPLETED AND ALL REQUIRED DOCUMENTATION HAS BEEN RECEIVED. DO NOT SEND YOUR ENTIRE MEDICAL HISTORY.

Section A (REQUIRED) TO BE COMPLETED BY ALL STUDENTS (OR PARENTAL/REPRESENTATIVE IF STUDENT IS UNDER AGE OF 18)

Date: _____ myUTSA ID: _____

Name: (Last) _____ (First) _____ (Middle) _____

Semester of Entry: Summer Fall Spring

Birth date (MM/DD/YYYY) ____/____/____

Address: _____ Phone: _____ (cell/home/work)

Email: _____

Section B: MENINGITIS IMMUNIZATION DOCUMENTATION (SEE PAGE 2 FOR INFORMATION):

Select applicable documentation (PLEASE DO NOT SEND ENTIRE MEDICAL HISTORY):

- I have included my official immunization record for the meningitis immunization issued by a licensed health care provider or local health authority; **OR**
- A licensed health care provider, authorized by law to administer the required vaccine, has certified my immunization and has completed the information below (additional documentation is not required).

To be completed by **licensed 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: _____

Provider's Agency Name & Address: _____ Date: _____

Section C: MENINGITIS IMMUNIZATION WAIVER STATUS. PLEASE PRINT LEGIBLY IN BLUE OR BLACK INK.

- In the opinion of a physician the vaccination required would be injurious to my health and well-being, Therefore an affidavit or certificate signed by a physician duly registered and licensed to practice medicine in the U.S. is included with this form. The affidavit or certificate includes the physician's name, address, the state of licensure and license number.
- I've declined the vaccination for bacterial meningitis for reason of conscience, including religious belief; therefore a signed and notarized affidavit is included with this form. Refer to the Student Health Services' bacterial meningitis webpage under **Affidavit** for instructions for completion and submission. <http://utsa.edu/health/requirements/meningitis.html>

I have read and understand the Bacterial Meningitis immunization requirements. I certify that, to the best of my knowledge, the above information

(including any attached copies) is true and correct.

STUDENT'S SIGNATURE (or PARENT/GUARDIAN SIGNATURE IF STUDENT IS UNDER THE AGE OF 18)

Student Signature: _____ Print: _____ Date: _____

WHAT YOU NEED TO KNOW ABOUT MENINGITIS

What is Meningococcal Meningitis? Meningococcal disease is a serious bacterial illness. It is a leading cause of bacterial meningitis in children 2 through 18 years old in the United States. Meningitis is an infection of the fluid surrounding the brain and spinal cord. Meningococcal disease also causes blood infections. About 1,000-2,600 people get meningococcal disease each year in the United States. Even when they are treated with antibiotics, 10-15 % of these people die. Of those who survive, another 11-19% suffers the loss of their arms or legs, become deaf, have problems with their nervous system, sustain cognitive deficits, or suffer seizures or strokes.

Who is at Risk? Anyone can get meningococcal disease. Among the most common people getting meningococcal disease, are those 16-21 years. College freshman living in dorms have an increased risk of getting meningococcal disease.

How is it Spread? Meningococcal meningitis is spread through the air via respiratory secretions or close contact with an affected person. This can include coughing, sneezing, kissing or sharing items such as utensils, cigarettes and drinking glasses.

WHAT YOU NEED TO KNOW ABOUT THE MENINGOCOCCAL MENINGITIS VACCINE

There are two kinds of meningococcal vaccine in the U.S.: *Meningococcal conjugate vaccine (MCV4)* and *Meningococcal polysaccharide vaccines (MPSV4)*.

Both vaccines can prevent 4 types of meningococcal disease, including 2 of the 3 types most common in the United States and a type that causes epidemics in Africa. Meningococcal vaccines cannot prevent all types of the disease. But they do protect many people who might become sick if they didn't get the vaccine. Both vaccines work well, and protect about 90% of people who get them.

Want more information? To find out more Meningococcal disease, the vaccines, about people who should not get the meningococcal vaccine or wait and the risks of the vaccine students should contact their doctor or nurse, call their local or state health department or Contact the Center for Disease Control Prevention (www.cdc.gov/vaccines)

TEXAS IMMUNIZATION REQUIREMENT

Texas law requires all first-time students attending an institution of higher education in the state of Texas, including transfer students, to show evidence of vaccination against bacterial meningitis, allowing for medical or religious exemptions, prior to enrollment. The institution of higher education must receive from an appropriate health practitioner evidence of the student have received the initial bacterial meningitis vaccination or booster dose during the five-year period prior to but no later than 10 days prior to the first day of the school semester. Students are exempt if they are (a) 22 years of age and older on the first day of the semester, or (b) enrolled only in online or other distance education courses.

WHAT IS ACCEPTABLE EVIDENCE OF VACCINATION?

Listed below are the acceptable forms of evidence a student may use to submit to the institution. The documentation must be in English, state the name and other information sufficient to identify the individual who received the required vaccination; and clearly identify that the required vaccine was administered to the individual.

- A. A document bearing the signature or stamp of a physician or the physician's designee or the public health official that administered the vaccination that shows the month, day and year the required vaccine was administered.
- B. An official immunization record generated from the state or local health authority.
- C. An official record received **directly** from a Texas school official, or a school official in another state.

WHAT IS THE PROCESS TO REQUEST AN EXEMPTION?

A student (a parent or guardian of a student under the age of 18), is not required to submit evidence of receiving the vaccination against bacterial meningitis under the following circumstances where the student submits to the institution one (1) of the following:

- A. An affidavit or certificate signed by a physician who is duly registered and licensed to practice medicine in the U.S., in which it is stated that, in the physician's opinion, the vaccination required would be injurious to the health and well-being of the student.
- B. An **Exemption From Immunizations for Reasons of Conscience** form signed by the student stating that the student declines the vaccination for bacterial meningitis for reasons of conscience, including religious beliefs. This form is found on <http://utsa.edu/health/requirements/meningitis.html> under **Affidavit**.