

MEXICAN AMERICAN CATHOLIC COLLEGE

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Bacterial Meningitis Vaccination Compliance Form

Instructions: Read the Important Information about Bacterial Meningitis at the Student Life page via www.maccsa.org. Per Texas State Law – SB 1107 – MACC has developed this compliance form to ensure the safety of its learning community. You must meet one form of compliance and submit the corresponding documentation; therefore, complete, sign, and return this form with any required documentation at least ten days before enrolling.

A. Student Data

Form with fields for first name, middle name, last name, id number, date of birth, Last four digits of SSN, MACC student email address, and semester of entry.

B. Method of Compliance

Method I: Vaccination Circle one and do as noted. Do not include your entire medical history.

- A My official immunization record for the Bacterial Meningitis Immunization issued by a state or local health authority is attached.
B My official record from a Texas school official or a school official in another state is attached.
C A licensed health care professional, authorized by law to administer the required vaccine, has certified my immunization and has completed the following:

To be completed by licensed health care professional: vaccination date: vaccination type: brand name:
Options: MCV4, MPSV4

I certify that I am a licensed health care professional as noted above and below, and I certify the above named student has received the Bacterial Meningitis Immunization on the date listed above.

Signature and date lines for certifying professional, and name and address of provider's agency.

Method II: Waiver Circle one and do as noted.

- A I have attached a letter signed by a physician duly registered and licensed to practice medicine in the US includes the physician's name, agency name and address. The letter addresses the opinion of the physician regarding the vaccination's injurious nature to my health and well-being.
B I have obtained an affidavit from the Texas Higher Education Coordinating Board. I have signed, notarized, and attached the affidavit because I decline the vaccination for bacterial meningitis for reason of conscience, including religious belief.

C. Student's Acknowledgement

I have read and understand the Bacterial Meningitis immunization requirements. I certify that, to the best of my knowledge, the information provided (including any attached copies) is true and correct. I also give my permission for the MACC to share this information for education purposes as deemed necessary.

Signature and date lines for student, parent's signature if student is younger than 18, and date.