

IMMUNIZATION FORM Western Texas College REQUIRED

Western Texas College requires all students living on-campus to have these immunizations to be in agreement with the Texas Department of State Health Services minimum vaccine requirements.

- 5 DPT injections (Diphtheria, Pertussis, Tetanus)
- 4 Polio Vaccines
- 2 MMR (Measles, Mumps, and Rubella 1st in series plus Booster)
- Tetanus immunization (Tetanus Diphtheria or Tdap [adolescent] Booster within the past 5 years)
- Tuberculin skin test (within the past year)
- Bacterial Meningitis and Hepatitis B disclosure statements (on back of this form)

I hereby verify that I have received the following immunizations on the following dates:

DPT	Polio	MMR	TB Test	Tetanus

Signature of Student Date

Signature of Parent/Guardian Date

*On the back of this form, please sign indicating whether or not you have received the vaccinations for Bacterial Meningitis and Hepatitis B. Texas Education Code, Section 51.9192, Subchapter Z, establishes the requirement for Bacterial Meningitis vaccination and identifies exceptions to that requirement. Information about bacterial meningitis, including the applicable legislation and board rules can be found on the Coordinating Board's website at the following link:

<http://www.thecb.state.tx.us/index.cfm?objectid=A641CD0D-E56A-A36A-1BCB39FF80781178>

Bacterial Meningitis and Hepatitis B Vaccination Status Form

Name of Student: _____ Date of Birth: _____

I, the undersigned student (if 18 years of age or older) or parent (if student is under 18 years old), have read and understand the information provided to me about Bacterial Meningitis (found at <http://www.thecb.state.tx.us/index.cfm?objectid=A641CD0D-E56A-A36A-1BCB39FF80781178>). I understand the benefits and risks of being vaccinated against these diseases. The information below regarding my/my student's vaccination status is accurate and is being provided in compliance with the Texas Education Code.

Bacterial Meningitis vaccine received: Yes _____ No _____

If yes, please list the date: ___/___/___ Type of vaccine: _____

Hepatitis B vaccine received: Yes _____ No _____

If yes, please list the dates: 1st dose ___/___/___

2nd dose ___/___/___

3rd dose ___/___/___

Date: ___/___/___

Signature (Student/Parent): _____

Student Address:

IMPORTANT REMINDER: Students will **not** be allowed to move into the dorms until this form has been fully completed and submitted to the Housing Office.

Please return this form to:

The Student Housing Office
Western Texas College
6200 College Ave
Snyder, TX 79549