



Bacterial Meningitis Immunization Record

Please read the immunization requirements prior to completing this form. All applicable sections should be completed online prior to printing.

completed online prior to printing.									
STUDENT INFORMATION									
UNT Student ID #	Enrollment Term (Check One)							Year	
			☐ Fall ☐	Summer					
L and Marrie		닏	Spring [Summer	: 5 Week 2	1			
Last Name		F	irst Name			MI			
Mailing Address			Apartmen	t #	Daytime	Phone #			
					(-			
City				State			Zip Code		
Date of Birth	je [Email Address							
Date of Birtin	1	~ 9		Email Addiess					
//									
SELECTION OPTION 1 OR 2									
OPTION 1: Select type of attachment (Documentation must be in English or accompanied by a notarized translation.)									
Official copy of immunization record stating the type of vaccine administered and signed by a Health Care									
Provider									
☐ Medical Exemption affidavit or certificate									
Texas Department of State Health Services Conscientious Exemption form									
Official immunization records generated by a state or local health authority									
Official immunization record received from school officials, including a record from another state									
OPTION 2: To be completed by a Health Care Provider - USE BLACK INK									
Date of Immunization Official Stamp: Health Care Provider's Name, Address, Phone Number									
1 1									
Signature and Title of Health Care Provider								Date	
								/ /	
I have read and understand the Bacterial Meningitis immunizations requirements. I certify that, to the best of my									
knowledge, the above information (including any attached copies) is true and correct.									
Student's Signature (18 years of Age or Older) – USE BLACK INK ONLY									
								Date	
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MINORO Otrodonto con dell'AO Venno	- 6	: A							
MINORS: Students under 18 Years of Age Signature of Parent or Guardian- USE BLACK INK ONLY Date									
Signature of Parent of Guardian - C	ادر		SLACK INK	ONLT				Date	
Full Name of Depart on Law 10 conflicts									
Full Name of Parent or Legal Guard		Relationship to Student							
Office Use Only									
2.2.									
Date Received	Accepted	enied		Date Comp	Date Completed/				
<u></u>			Incomplete	<u> </u>			Completed	Ву	
							' '	-	