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Tarrant County College

Bacterial Meningitis Vaccination Verification Form
(For New and Returning Students under the Age of 22)

Student Name: _____TCC ID: _____

Home Address: _____

Telephone #: _____ TCC Email: _____@my.tccd.edu

Please read and place an "X" next to the section that applies, sign, date, and submit to your TCC Campus Registrar

☐ I have received the Bacterial Meningitis Vaccine and attached an official vaccination record.

☐ My Physician or health care professional has documented my meningococcal vaccine at the bottom of this form.

- **I understand that the vaccination must be administered at least 10 days prior to the start of classes.**
- **I understand that proof of the vaccination must include the physician or health care professional's signature, the date the vaccination was administered, the medical facility's stamp or seal, and contact information.**
- **I understand that *I will not be allowed to register* for courses at TCC *without the Meningococcal Vaccine*.**

Student Signature:_____ Date: _____

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Vaccine Verification and Medical Facility Information (Completed by Physician/Health Professional)

Name of Administering Medical Facility: _____

Address: _____ Phone #: _____

Name of Administering/Verifying physician or health professional: _____

Type of Vaccination: ☐ MCV4 ☐ MPSV4 ☐ Other: _____

Date meningitis vaccination was administered: _____

Note: Vaccine must be proven effective against Bacterial Meningitis and must be approved by Center for Disease Control (CDC). Please visit: www.cdc.gov/meningitis/vaccine-info.html

I hereby verify/confirm that the above named student received the mandated Bacterial Meningitis vaccine as required, and that the information provided on this form is true and accurate.

Signature of physician/health care provider: _____ Date: _____

Place Official Stamp Here

An Achieving the Dream™ Institution
Community Colleges Count

www.tccd.edu/Admissions/Meningitis_Vaccinations.html

Tarrant County College is an Equal Opportunity institution/equal access to the disabled.

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