

Submit form to:
Frank Phillips College
1301 W. Roosevelt
PO Box 5118
Borger, TX 79008-5118
Hand deliver: Student Central or OES
By Fax: 806-457-4225 or 806-457-4226
Email: admissions@fpctx.edu

Evidence of Vaccination Against Bacterial Meningitis

Under the requirements of law enacted by the Texas Legislature, students who are under 22 years of age and entering higher education must demonstrate proof of vaccination against bacterial meningitis.

This section should be filled out by the student.

Last Name:	<input type="text"/>	First Name:	<input type="text"/>	SSN:	<input type="text"/> - <input type="text"/> - <input type="text"/>
Date of Birth:	<input type="text"/>	Phone Number:	<input type="text"/>	Email:	<input type="text"/>

By signing this form, I certify that the information provided is true and accurate; I understand the rules and regulations concerning the bacterial meningitis vaccination requirement for students on campus, and agree to the following:

- I must supply evidence of a bacterial meningitis vaccination, or booster dose, during the five-year period prior to registering.
- I must obtain the bacterial meningitis vaccination at least 10 days before the first day of class.
- If I obtain the bacterial meningitis vaccination less than 10 days prior to attendance, I will be unable to register until proof of vaccination is on file in the Office of Educational Services.

Student Signature: _____ Date: ____ / ____ / ____

This section should be completed by a licensed Health Practitioner/Designee who administered the vaccination.

Date of the administration of the bacterial meningitis vaccination: _____ / ____ / ____

By signing this form, I certify that the information provided is true and accurate. Specifically, I certify the following:

- I am a Health Practitioner authorized by law to administer an immunization or I have legal designation to complete and sign this form on behalf of a Health Practitioner authorized by law to administer an immunization.
- The individual who administered the bacterial meningitis vaccination to the student named above is or was a Health Practitioner authorized by law to administer an immunization.
- The bacterial meningitis vaccination was administered to the student named above by the Health Practitioner named below and on the date provided above.

Health Practitioner name (Print): _____

Health Practitioner or Designee Signature: _____ Date: ____ / ____ / ____

Healthcare Facility: _____

Exemptions Allowed By Law

- An affidavit or a certificate signed by a physician who is duly registered and licensed to practice medicine in the United States, 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; or
- An affidavit signed by the student stating that the student declines the vaccination for bacterial meningitis for reasons of conscience, including a religious belief. A conscientious exemption form, which can be found at <https://corequestjc.dshs.texas.gov/>.
- Frank Phillips College students who are currently enrolled and plan to return for the spring semester will not be required to submit proof of vaccination unless current records show that the vaccination on file is out of date.

This section should be filled out by a Frank Phillips College representative.

Staff Member: _____ Date: ____ / ____ / ____