

# Bacterial Meningitis Immunization Form

Texas Higher Education

As a first-time, transferring, or returning student attending an institution of higher education or private or independent institution of higher education, you must provide your school with evidence of vaccination against bacterial meningitis.

\_\_\_\_\_  
Student Last Name                      First Name

\_\_\_\_\_  
Date of Birth

## Vaccination Information

Please check the type of vaccine that was administered:

Meningococcal Conjugate Vaccine (MenACWY)

\_\_\_\_\_  
Vaccine Administered Date

Meningococcal Polysaccharide Vaccine (MPSV4)

\_\_\_\_\_  
Age of Student

**\*Vaccine must be one of the two listed above, which have been approved by the CDC**

\_\_\_\_\_  
Physician's Printed Name

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Physician / Practice Stamp

\_\_\_\_\_  
Practice/Hospital Name

\_\_\_\_\_  
Physician / Practice Stamp

### Compliance Rules:

- Vaccine information must be in English.
- An immunization record issued by a state or local health authority will be accepted.
- The vaccine must be administered during the five-year period preceding, or at least 10 days prior to, the first day of class.

Please fill out and send this form by email, fax, or by regular post to:

Admissions Office  
Dallas International University  
7500 W. Camp Wisdom Rd.  
Dallas TX 75236

admissions@diu.edu  
US TEL (972) 708-7415  
US FAX (972) 708-7396