

BACTERIAL MENINGITIS VACONE FORM

College of Biblical Studies - Houston

For Office Use Only

Students will neither be permitted to	o register for classes nor to attend	said dasses until this form and the accom	panying
documentation has been received (please refer to dead	dlines in Section D below).		

SECTION 1: To be com	polatad by A							
	ресси ру А		TODENTS					
Date:		Student ID#						
Name:								
Student Status:	?	?	?		Birth date:			
Address:				Phone:				
				Email: Parent / G	uardian email:			
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Parental Representative Permit (FOR STUDENTS UNDER THE AGE OF 18):								
Printed Name:								
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SECTION 2: Meningiti	s immunizat	tion waiver Sta	tus. (Piease	print legit	bly in blue or bla	ack ink)		
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SECTION 3: Deadline	for this com	pleted form and	Laccompan	vina docui	mentation to be	e received by CBS		
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For Spring 2014: Dec. 18	5, 2013	For S	ummer 2014:	April 23, 20	U14	For Fall 2014: Aug	gust 13, 2014	
TEXAS STATE MENING	GITISREGUL	ATION (Texas E	ducation Co	de, Sectio	n 51.9192)			



Requirement

BACTERIAL MENINGITIS VACCINE FORM

College of Biblical Studies - Houston

Exemptions		
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Important:		

MENINGOCOCCAL DISEASE

What is meningococcal disease?

Who gets meningococcal disease?

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