The Colleges of the Dallas County Community College District 11-18-16

Brookhaven College	Cedar Valley College	Eastfield College	El Centro College	Mountain View College	North Lake College	Richland College
registrar-bhc@dcccd.edu	registrar-cvc@dcccd.edu	registrar-efc@dcccd.edu	registrar-ecc@dcccd.edu	registrar-mvc@dcccd.edu	registrar-nlc@dcccd.edu	registrar-rlc@dcccd.edu
phone: 972-860-4883	phone: 972-860-0805	phone: 972-860-8357	phone: 214-860-2311	phone: 214-860-8600	phone: 972-273-3183	phone: 972-238-6948
fax: 972-860-4886	fax: 972-860-8001	fax: 972-860-8306	fax: 214-860-2233	fax: 972-698-3074	fax: 972-273-3112	fax: 972-238-6346

Distance Learning students contact: Dallas Colleges Online, registrar-dtc@dcccd.edu, phone: 972-669-6400, fax: 972-669-6409

Proof of Bacterial Meningitis Immunization Compliance

The Age Requirement For New and Returning Students is under the Age of 22			
Student Name:		DCCCD ID#:	
Address:		Date of Birth:	
Email Address:		Telephone:	

Please read and place an "X" in the correct box: sign, date, and submit to your College Admissions Office.

☐ I am claiming a Bacterial Meningitis Vaccine exemption due to health reasons (see section B below).

☐ I am declaring an exemption from the Texas immunization requirement for bacterial meningitis for reasons of conscience, and have attached the appropriate affidavit form. Texas Department of State Health Services (DSHS) affidavit can be found at https://corequestjc.dshs.texas.gov/

☐ I have received the Bacterial Meningitis Vaccine within the last 5 years and I have attached an ***official*** vaccination record.

☐ My Physician or health care professional has documented my meningococcal vaccine in section A below.

Physician or Other Health Care Provider Must Complete A or B

A. Vaccination Date: ______________________ Vaccine Type: MCV-4 ☐ MPSV-4 ☐ As recommended by the CDC

PLEASE DO NOT SIGN THE COMPLIANCE FORM UNLESS THE STUDENT HAS PROPER VACCINES OR IMMUNE TESTS.

(Signature of Physician or Other Health Care Provider) Date

NOTE: The only two vaccines approved at this time are MCV4 (Menveo) and MPSV4 (Menactra). The Meningitis B (MenB) vaccine is not required and will not fulfill your meningitis documentation requirement at this time.

B. BACTERIAL MENINGITIS MEDICAL EXEMPTION

I CERTIFY, THAT IN MY OPINION, THE BACTERIAL MENINGITIS VACCINATION REQUIRED WOULD BE INJURIOUS TO THE HEALTH AND WELL-BEING OF THE STUDENT AND SHOULD NOT BE ADMINISTERED AT THIS TIME.

(Signature of Physician or Other Health Care Provider) Date

Please use stamp or print name, office address, phone number and the state where licensed and license number.

- ✓ I understand that I will not be allowed to register for courses in any of the colleges of the DCCCD without the proper meningitis vaccination documentation as indicated above.
- ✓ 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 and seal, and contact information.
- ✓ I certify that, to the best of my knowledge, the above information (including attachments) is true and correct. I also give my consent for the above immunization record to be entered into my student record.

Student's Signature – ***REQUIRED***	Date
MINORS: **Signature of Parent or Legal Guardian *Required*** if student is under 18 Years of Age	Date
Printed Name of Parent or Legal Guardian	Relationship to Student