

# State of Texas SB 62

## Bacterial Meningitis Required Vaccination Prior to Enrollment

### Stephen F. Austin State University

#### All new students and re-entry students must provide either:

**1. Evidence the student has received the vaccination or booster dose during the five years preceding and at least 10 days prior to enrollment. This evidence must be submitted in one of the following three formats:**

- A document bearing the signature or stamp of the physician or his/her designee, or public health personnel (must include the month, day, and year the vaccination was administered). **OR**
- An official immunization record generated from a state or local health authority (must include the month, day, and year the vaccination was administered). **OR**
- An official record received from school officials, including a record from another state (must include the month, day, and year the vaccination was administered).

**OR**

**2. Evidence the student is declining the vaccination must be submitted in one of the following two formats:**

- 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 from the Texas Department of State Health Services must be used. (This may take up to 30 days.) <https://webds.dshs.state.tx.us/immco/default.aspx>

**3. A student is not required to submit evidence of receiving the vaccination against bacterial meningitis or evidence of receiving a booster dose:**

- If the student is 30 years of age or older by the start of the Fall 2013 semester and desires to attend that semester.
- If the student is 22 years of age or older by the start of the Spring 2014 semester and desires to attend any subsequent semester **OR**
- If the student is enrolled in on-line or other distance education courses only.

#### Vaccinations may be available at a discounted price at the following locations:

**East Texas Community Health Center**  
1309 S. University  
Nacogdoches, TX 75961  
(936) 560-5413

**Arlington Public Health Center**  
536 W. Randol Mill Road  
Arlington, TX 76011  
(817) 548-3990

**Dallas County HHS Immunization Clinic**  
2377 N. Stemmons FWY,  
Rm 159  
Dallas, TX 75207  
(214) 819-2163

**Angelina County Health District**  
503 Hill St.  
Lufkin, TX 75904  
(936) 632-1139

**Houston HCPHES Antoine Health Clinic**  
5815 Antoine, Suite A  
Houston, TX 77091  
(713) 602-3300

**HCPHES Humble Health Clinic**  
1730 Humble Place Drive  
Humble, TX 77338  
(281) 446-4222

**Austin - ST. John**  
7500 Blessing Ave  
Austin, TX 78752  
(512) 972-5520

**North East Texas Public Health District**  
815 N. Broadway  
Tyler, TX 75702  
(903) 510-5604

***Call for information on costs and required documentation. Must call for appointment.***



# STEPHEN F. AUSTIN STATE UNIVERSITY

## Office of International Programs

P.O. Box 6152, SFA Station • Nacogdoches, Texas 75962-6152  
Phone (936) 468-6631 • Fax (936) 468-7215

### Meningitis Vaccination Verification Form

Student Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Student Address:

\_\_\_\_\_  
\_\_\_\_\_

Student Phone Number: \_\_\_\_\_

\_\_\_\_\_ I have received the meningitis vaccine as follows.

Parent/Legal Guardian printed name if student is under 18: \_\_\_\_\_

Parent/Legal Guardian signature: \_\_\_\_\_

#### Medical facility information where vaccination was received:

Name of Health Care Provider (MD, NP, RN): \_\_\_\_\_

Date of meningitis vaccination: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Stamp: \_\_\_\_\_

Signature of Health Care Provider: \_\_\_\_\_ Date: \_\_\_\_\_

License Number of Health Care Provider: \_\_\_\_\_

#### Meningitis Vaccination Certificate of Exception Form must be sent to the Office of International Programs.

I authorize the Office of International Programs at Stephen F. Austin State University to share any medical information pertaining to my meningitis vaccination, including any and all "treatment records" under FERPA, with any university employee who may have a legitimate need to know that information for the purpose of mitigating the transfer of the bacterial virus. This includes, but is not limited to the Office of the Dean of Student Affairs, Residence Life, or the Office of Student Rights and Responsibilities.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_