



Texas A&M University-Corpus Christi  
Office of Recruitment and Admissions  
**Bacterial Meningitis Vaccination**

## Fax Cover Sheet

Fax: 361.825.5887

### Student Information:

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First Name	MI	Last Name
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Student ID: \_\_\_\_\_

Date of Immunization: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

#### PLEASE ATTACH ANY OF THE FOLLOWING:

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