

# Bacterial Meningitis Immunization Form

Please submit this form to your doctor for signature, OR if you are submitting a vaccination record from your doctor, please use this form as a cover letter.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Student Last Name                      Student First Name                      Date of Birth

900\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Student ID#                      Student Email Address @udallas.edu                      Student Phone Number

Return completed form/documentation to:  
University of Dallas  
Satish and Yasmin Gupta College of Business  
Admissions Office  
1845 E. Northgate Drive  
Irving, TX 75062  
Fax: 972-721-4009

## Vaccination Information

Please check the type of vaccine that was administered:

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

- Meningococcal Conjugate Vaccine (MCV4)
- Meningococcal Polysaccharide Vaccine (MPSV4)
- Other, please specify: \_\_\_\_\_

\_\_\_\_\_  
Physician Printed Name

\_\_\_\_\_  
Physician Signature

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

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



Physician/Practice Stamp

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