



Bacterial Meningitis Vaccination Compliance Form

NOTE: Students will not be allowed to complete their registration until this form has been completed and all required documentation has been received. All documentation must be in the English language.

REQUIRED: STUDENT INFORMATION			
Last Name:	First Name	MI	Attending:
Birth month	Birth day	Birth year	Phone:
Address:		Email:	For IEP/language school applicants only,
City:	State:	Zip:	
OPTION 1: VACCINATION Select one:			
<p>I have included a copy of my official immunization record for the Bacterial Meningitis Immunization issued by a state or local health authority that shows the name and address of the agency, who gave the vaccination and the month, day and year of vaccination; OR</p> <p>I have included a copy of my official record from a Texas school official or a school official in another state; OR</p> <p>A licensed health care professional, authorized by law to administer the required vaccine, has certified my immunization and has completed the information below (additional documentation is not required). To be completed by the licensed health care professional:</p> <p>Vaccination Date: _____ Vaccine Type: MCV4 MPSV4 Brand Name _____ Lot# _____</p> <p>I certify the above named student has received the Bacterial Meningitis Immunization on the date listed above. Healthcare Stamp Professional's Stamp</p> <p>Health Care Professional's Signature: _____ Printed Name: _____ Date: _____</p> <p>Provider's Agency Name & Address: _____</p>			
OR OPTION 2: WAIVER Select One		This Form Must Be submitted With Each Waiver	

In the opinion of a physician the vaccination required would be injurious to my health and well-being, therefore the "Medical Exemption Affidavit" or a letter signed by a physician duly registered and licensed to practice medicine in the U.S. is included with this document. The affidavit or letter must include the date, physician's name, agency name and address. **OR**

I have declined the vaccination for bacterial meningitis for reason of conscience, including religious belief; therefore a signed copy of the "Exemption from Meningococcal Vaccination Requirements for Reasons of Conscience" form is included with this document. OR

I am claiming exemption on the basis of age. I am currently or will be age 22 or over by the first day of the start of the semester indicated above. I have included a clear photocopy of my driver's license, birth certificate, passport or state issued identification card with this document. I have read and understand the Bacterial Meningitis immunization requirements. **OR**

I certify that, to the best of my knowledge, the above information (including any attached copies) is true and correct. North American University does not provide copies of immunization record submissions; therefore, I understand I must make a copy of all documentation submitted for my records. I also give my permission for the NAU to share this information with other NAU officials when deemed necessary.

STUDENT'S SIGNATURE (or PARENT/GUARDIAN SIGNATURE IF STUDENT IS UNDER THE AGE OF 18).

Student Signature: _____ Print: _____ Date: _____