



Student Immunization Record – Required by State Statute SB 1107

The State of Texas has recently mandated that **all new students** submit evidence of receipt of an initial or booster dose of a bacterial meningitis immunization in order to register for classes. You may use a form from your physician's office or a copy from your school. Additionally, if you plan to live on campus, you must complete the Required Vaccination Report (on next page). The completed form must be legible and include a physician's signature.

----- Please Print Clearly -----

STUDENT INFORMATION

NAME _____ STUDENT ID # _____
(Last) (First) (Middle)

D.O.B. ____ / ____ / ____ Age ____ Gender: Male Female
(Month) (Day) (Year)

CELL PHONE _____ EMAIL _____ @ _____

PERMANENT ADDRESS _____

CITY _____ STATE _____ ZIP _____ COUNTRY _____

STUDENT SIGNATURE _____ DATE _____

THE FOLLOWING INFORMATION NEEDS TO BE COMPLETED BY A LICENSED HEALTH CARE PROVIDER

(HEALTH CARE PROVIDER SHALL COMPLETE EITHER 1 OR 2)

1. I certify that _____ has received the meningitis vaccine.
(Name of Student)

The vaccination was administered on the following date: Month _____ Day _____ Year _____

Signature _____ Title _____ Date _____

Facility or Clinic Stamp (if available):

2. I certify that the bacterial meningitis vaccination required would be injurious to the health and well-being of the student.

Signature _____ Title _____ Date _____

Facility or Clinic Stamp (if available):

IF SECTION 2 ABOVE IS NOT FILLED OUT BY A LICENSED HEALTH CARE PROVIDER, STUDENT MUST ATTACH ONE OF THE FOLLOWING TYPES OF DOCUMENTATION TO THIS FORM:

- An official immunization record generated from a state or local health authority.
- An official school record received from school officials, including a record from another state.
- An affidavit signed by the student stating declination for reasons of conscience, including religious beliefs.
State documentation is mandatory. A conscientious exemption form from the Texas Department of State Services MUST be used:
<https://webds.dshs.state.tx.us/immco/affidavit.shtm>

Return completed form/documentation to:

**Undergraduate/
Transfer Students**
Texas Wesleyan Univ.
Office Of Admission
1201 Wesleyan St.
Fort Worth, TX 76105
FAX: 817-531-7515
admission@txwes.edu

International Students
Texas Wesleyan Univ.
International Programs Office
1201 Wesleyan St.
Fort Worth, TX 76105
FAX: 1- 817-531-4980
OneWorld@txwes.edu

Graduate Students
Texas Wesleyan Univ.
Office Of Graduate Admission
1201 Wesleyan St.
Fort Worth, TX 76105
FAX: 817-531-4261
graduateadmission@txwes.edu

GPNA Students
Texas Wesleyan Univ.
Graduate Programs of
Nurse Anesthesia
1201 Wesleyan St.
Fort Worth, TX 76105
FAX: 817-531-6508
igriffin@txwes.edu

Law School Students
Texas Wesleyan Univ.
School of Law
1515 Commerce St.
Fort Worth, TX 76102
FAX: 817-212-4141
lawadmissions@law.txwes.edu



Required Vaccination Report

Students Planning to Live in Campus Housing Must Complete & Submit The Following:

----- Please Print Clearly -----

STUDENT INFORMATION

NAME _____ STUDENT ID # _____
(Last) (First) (Middle)

REQUIRED VACCINATIONS

Tetanus-Diphtheria

Completed Primary Series _____

DT Booster-within ten (10) years _____

Measles, Mumps, and Rubella-MMR

(2 doses required for students born after 1957)

Dose 1 (at 12 months or after) _____

Dose 2 _____

Polio

Completed Primary Series _____

Mantoux TB Skin Test

(Must be completed within 12 months prior to entering Texas Wesleyan)

OR Chest X-Ray

Hepatitis B (Strongly recommended)

Dose 1 _____

Dose 2 _____

Dose 3 _____

Month/Year

Physician Name

X _____
Signature Date

Emergency Contact Information

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

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