

University of Mary Hardin-Baylor

Meningitis Immunization Notification

healthservices@umhb.edu Office: 254-295-4696 - FAX: 254-295-4196 or 866-247-2176

Patient's Information (print legal name):

First Name: _____ Middle Initial: _____ Last Name: _____

Date of Birth: _____ UMHB Student ID Number: _____
(month/day/year)

Vaccine Administered (circle vaccine type)	Dose	Injection Site (check)	Route	Mfg	Date Administered	Lot Number/ Expiration Date	Vis Date
MCV4 (Meningitis Vaccine): Menactra/Menveo/MedQuadafi REQUIRED BY Texas Law	0.5 ml	<input type="checkbox"/> L <input type="checkbox"/> R	IM				
Penbraya: Covers MCV4 & MenB meets Texas law with 2 doses.	Dose 1 0.5 ml	<input type="checkbox"/> L <input type="checkbox"/> R	IM	Pfizer			
Penbraya: Covers MCV4 & MenB meets Texas law with 2 doses.	Dose 2 0.5 ml	<input type="checkbox"/> L <input type="checkbox"/> R	IM	Pfizer			

Meningococcal Vaccine is REQUIRED by Texas State law for incoming first-time and/or transfer students who are 21 years or younger (effective January 2014 regarding age requirement). A student must receive vaccination or booster at least 10 days prior to the first day of class or moving into campus housing, whichever occurs first. The vaccine must be obtained within the last five years preceding enrollment or a booster is required. For additional information visit collegevaccinerequirements.com.

The Meningitis B series (listed below) is recommended but not required. Discuss with your medical provider.

Vaccine Administered (circle vaccine)	Dose	Injection Site (check one)	Route	Mfg	Date Administered	Lot Number/ Expiration Date	Vis Date
Serogroup B Meningococcal: Trumenba / Bexsero	Dose 1	<input type="checkbox"/> L <input type="checkbox"/> R	IM				
Serogroup B Meningococcal: Trumenba / Bexsero	Dose 2	<input type="checkbox"/> L <input type="checkbox"/> R	IM				
Serogroup B Meningococcal: Trumenba (required for 3 dose vaccine)	Dose 3	<input type="checkbox"/> L <input type="checkbox"/> R	IM				

Verification by vaccine administrator:

Administered by: _____ Name & Credentials: _____
(signature) (print)

Phone Number: _____

Address: _____

(Vaccine Administrator's stamp)

Revised 10/26/2023