

Immunization Compliance Cover Sheet & Acknowledgement Form

(To be submitted with immunization records)

Name _____
First Name _____ **Middle Name** _____
_____ **Last Name** _____

Address _____
_____ **Street** _____ **City** _____ **State/ZIP** _____

First Day of class ___/___/___ **Date of Birth** __/__/____ **School ID# (T-Number):** T00 _____
Mo Year

Please upload your Immunization Record with the completed Immunization Compliance Cover Sheet & Acknowledgment Form to the My Tiger Health Patient Portal at <https://tsu.medicatconnect.com>.

Bacterial Meningitis is a serious, potentially deadly disease that can progress extremely fast. It is inflammation of the membranes that surround the brain and spinal cord and can also infect the blood. If not treated quickly, it can cause loss of hearing, loss of limbs or loss of life.

The State of Texas requires all incoming students to provide proof of vaccination against Bacterial Meningitis (ACYW-135), or an approved exemption, at least 10 days before classes begin.

Please go to <https://www.tsu.edu/students-services/departments/health-services/bacterial-meningitis> to read more about Bacterial Meningitis.

Please allow 3 business days for processing. If you have any questions or need additional assistance, please call Student Health Services at (713) 313-7173.

By signing my name here, _____, I acknowledge that I have read the information on Bacterial Meningitis.



TEXAS SOUTHERN UNIVERSITY