



TEXAS SOUTHERN UNIVERSITY

VACCINATION ADMINISTRATION RECORD

(This form is to be used by the health care provider administering your immunization)

If you are getting a bacterial meningitis vaccination, give this form to the health care provider who is administering the immunization. Once this form has been completed, upload this form and the Immunization Compliance Cover Sheet to <https://tsu.medicatconnect.com>

PART I: TO BE COMPLETED BY YOUR HEALTH CARE PROVIDER

Name _____
First Name Middle Name

_____ Last Name

Address _____
Street City State Zip

Date of Birth ____/____/____

PART II: TO BE COMPLETED AND SIGNED BY YOUR HEALTH CARE PROVIDER

A. MENINGOCOCCAL QUADRIVALENT (A, C, Y, W-135)

a. Dose #1 ____/____/____ Location : _____ Lot # : _____
M D Y

HEALTH CARE PROVIDER:

Name _____ Signature/Stamp _____

Address _____ Phone (____) _____

Submit completed form(s) to: <https://tsu.medicatconnect.com>. Please allow 3 business days for processing. For detailed information about bacterial meningitis, go to tsu.edu/health or cdc.gov/meningitis/bacterial.html. If you have any questions or need additional information, please contact Student Health Services at **(713) 313-7173**.