



Ranger College
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Bacterial Meningitis Verification Form

Purpose: This form may be used by any incoming student planning to live on-campus in order to satisfy their requirement to submit evidence of bacterial meningitis vaccination, in compliance with Texas House Bill 4189. The completed form can be emailed to transcripts@rangercollege.edu or hand-delivered to the Registrar's Office. Students must receive the bacterial meningitis vaccination at least 10 days before moving into the dorms. Students may also submit proof of vaccination via a copy of their shot record without submitting this form.

This section should be completed by the student.

Last Name: _____ First Name: _____

Student ID: _____ Date of Birth: _____

By signing this form, I certify that the information provided is true and accurate; I understand the rules and regulations concerning the bacterial meningitis vaccination requirement for students living on-campus.

Student Signature: _____ Date: _____

This section should be completed by the administer of the vaccine.

Date of administration of the bacterial meningitis vaccination: _____

By signing this form, I certify that the information provided is true and accurate. Specifically, I certify the following:

- I am a Health Practitioner authorized by law to administer an immunization or I have legal designation to complete and sign this form on behalf of a Health Practitioner authorized by law to administer an immunization.
- The individual who administered the bacterial meningitis vaccination to the student named above is or was a Health Practitioner authorized by law to administer an immunization.
- The bacterial meningitis vaccination was administered to the student named above by the Health Practitioner named below and on the date provided above

Health Practitioner name (Print): _____

Health Practitioner or Designee Signature: _____ Date: _____