



Immunization Summary

Mark Joseph D Batitang

Patient Information

Patient Name	MRN	Sex	DOB
Batitang, Mark Joseph D	7554075	Male	12/30/1999

Immunizations/Immunotherapies/PPDs

DTP	4/27/2001 (15 m.o.)	9/22/2005 (5 y.o.)	7/3/2006 (6 y.o.)	
HIB	4/27/2001 (15 m.o.)			
HPV Quadrivalent (Gardasil)	11/30/2012 (12 y.o.)	2/4/2013 (13 y.o.)	6/26/2013 (13 y.o.)	
Hepatitis A	7/3/2006 (6 y.o.)	3/25/2011 (11 y.o.)		
Hepatitis B	7/3/2006 (6 y.o.)	8/18/2006 (6 y.o.)	12/1/2006 (6 y.o.)	
IPV	4/27/2001 (15 m.o.)	7/3/2006 (6 y.o.)	8/18/2006 (6 y.o.)	
Influenza (IM)	11/30/2012 (12 y.o.)	12/24/2013 (13 y.o.)	10/7/2015 (15 y.o.)	3/20/2017 (17 y.o.)
Influenza LAIV (Nasal)	10/13/2014 (14 y.o.)	10/7/2015 (15 y.o.)		
MMR	1/2/2001 (12 m.o.)	10/10/2005 (5 y.o.)	11/10/2005 (5 y.o.)	
Meningococcal Conjugate	12/31/2015 (16 y.o.)			
Meningococcal Group B (Bexsero)	3/20/2017 (17 y.o.)			
Meningococcal Polysaccharide	3/25/2011 (11 y.o.)			
Pneumococcal Conjugate	4/27/2001 (15 m.o.)			
TD	3/25/2011 (11 y.o.)			
Varicella (Chickenpox)	1/2/2001 (12 m.o.)	12/1/2006 (6 y.o.)		

PPD Results

None

The University of Texas at Dallas
Office of the Registrar
800 West Campbell Road; ROC13
Richardson, TX 75080-0088
www.utdallas.edu/student/registrar/vaccine.html
updated 9/20/2013

For Registrar's Office Use Only

Date Rec'd: _____
Staff Initials: _____
☐ Immunized ☐ Waiver
Requirement Completion Date: _____

MENINGOCOCCAL MENINGITIS VACCINE REQUIREMENT FORM

PLEASE NOTE: Students will not be allowed to register for courses until this form has been completed and all required documentation has been received.

Section A (Required): TO BE COMPLETED BY ENTERING STUDENTS. PLEASE PRINT LEGIBLY IN BLUE OR BLACK INK.

Date May 30, 2018 UTD I.D. # 2021296963
Name (Last) Batitang (First) Mark (Middle) Joseph (Last) Donayre
Student Status (Check one): ☐ U.S. Citizen ☒ Permanent Resident ☐ International Birth date (MM/DD/YYYY) 12/30/1999
Address 2718 Sumac Ln Phone: (214) 609-8602 (cell/home/work)
Rowlett, TX 75089 Email: batitangmark@gmail.com

Parental/Representative Permit (FOR STUDENTS UNDER THE AGE OF 18) I agree to provide on behalf of my son/daughter all required documentation and information concerning his/her vaccination with the meningococcal meningitis vaccine.

Print Name: _____ Relationship: _____

Signed: _____ Date: _____

Section B: MENINGITIS IMMUNIZATION DOCUMENTATION. See reverse side for a list of acceptable documentation.

I, Mark B have reviewed and understand the information presented on the reverse
(Signature)
side of this form about meningococcal meningitis and the vaccine and has received the meningitis immunization.

DATE OF VACCINATION (MM/DD/YYYY) 12/31/2015

(Check boxes as applicable)

- ☐ I have included a statement from a physician or other health care provider authorized by law to administer the Required Vaccine.
- ☒ I have included my official immunization record issued by a state or local health authority.
- ☐ I have included my official record from a Texas school official or a school official in another state.

Section C: MENINGITIS IMMUNIZATION WAIVER STATUS. PLEASE PRINT LEGIBLY IN BLUE OR BLACK INK.

I, _____ have reviewed and understand the information presented on the reverse
(Signature)
side of this form about meningococcal meningitis and the vaccine and has chosen not to submit evidence of receiving the vaccination under the following circumstance: (Check boxes as applicable)

- ☐ In the opinion of a physician the vaccination required would be injurious to my health and well-being; therefore, an affidavit or certificate signed by a physician duly registered and licensed to practice medicine in the U.S. is included with this form. The affidavit or certificate includes the physician's name, address, the state where licensed and license number.
- ☐ I have declined the vaccination for bacterial meningitis for reason of conscience, including religious belief; therefore a signed *affidavit /waiver stating that I have declined for reason of conscience is included with this form.
- Request affidavit through the Texas Department of State Health Services
<https://corequest.dshs.texas.gov>.