Bacterial Meningitis Immunization Documentation

Student Process in ACES
Accessing Bacterial Meningitis Immunization Documentation

Login to ACES
Click “Student”
Click “Web Services”
Accessing Bacterial Meningitis Immunization Documentation

Click “Student”
Accessing Bacterial Meningitis Immunization Documentation

Click “Student Records”

Click “Bacterial Meningitis Immunization Documentation”
Bacterial Meningitis Immunization Compliance Options

Student must select 1 option

Bacterial Meningitis Immunization Requirement Options

Select one of the following options to complete the Bacterial Meningitis Immunization requirement to attend classes at Alamo Colleges District.

Please note: Students will not be allowed to complete their registration until this requirement and all required documentation has been received and processed.

Option 1: Proof of Immunization This includes an official immunization record, a letter from a licensed health care professional, or an official record from a school official.

Option 2: Immunization Waiver This includes an opinion of a physician that the vaccination required would be injurious to your health or an affidavit to decline the vaccination.

Option 3: Online Courses Only Waiver This option is only available if you are only taking all courses online for a particular term.

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RELEASE: 8.7.2
Option 1: Bacterial Meningitis Immunization Documentation

- Select College
- Select 1 of the following:
  - Official Immunization Record
  - Certified Immunization Record
  - Official Record
- Click Choose file to upload required document
- Click Submit once document is uploaded

Student will receive confirmation once they hit submit.

Bacterial Meningitis Immunization Documentation

Thank you for submitting your Bacterial Meningitis Immunization documents. Please allow up to 2 business days for processing.

If you have any questions, please contact us at (210)216-ALAMO or (210)212-5266

or via email at:

<table>
<thead>
<tr>
<th>COLLEGE</th>
<th>EMAIL</th>
</tr>
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<tbody>
<tr>
<td>Northeast Lakeview</td>
<td><a href="mailto:nlc-admissions@alamo.edu">nlc-admissions@alamo.edu</a></td>
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<tr>
<td>Vista College</td>
<td><a href="mailto:nvc-records@alamo.edu">nvc-records@alamo.edu</a></td>
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<tr>
<td>Palo Alto College</td>
<td><a href="mailto:pac-ADMIN@alamo.edu">pac-ADMIN@alamo.edu</a></td>
</tr>
<tr>
<td>San Antonio College</td>
<td><a href="mailto:sac-outreach@alamo.edu">sac-outreach@alamo.edu</a></td>
</tr>
<tr>
<td>St. Philip's College</td>
<td><a href="mailto:spc-OR@alamo.edu">spc-OR@alamo.edu</a></td>
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Option 2: Bacterial Meningitis Immunization Waiver

- Select College
- Select 1 of the following:
  - Letter signed by physician indication why vaccine would be injurious to your health and well-being
  - A signed Texas Department of State Health Services' affidavit declining Bacterial Meningitis Immunization
- Click Choose file to upload required document
- Click Submit once document is uploaded

Bacterial Meningitis Immunization Waiver

Select your home college and one of the options below and attach the applicable document.

Palo Alto College

Option 1:
- In the opinion of a physician the vaccination required would be injurious to your health and well-being, therefore a letter signed by a physician duly registered and licensed to practice medicine in the U.S. is attached with this form. The letter includes the physician's name, address, and
- 

Option 2:
- A signed Texas Department of State Health Services' affidavit* declining the Bacterial Meningitis Vaccination for reason of conscience, including religious beliefs.
- *Request for required affidavit must be obtained from the Texas Department of State Health Services https://corquest.js.dshs.texas.gov

Attach applicable file: (.pdf or .jpg only)

I have read and understand the Bacterial Meningitis Immunization requirements.
- I also give my permission for the Alamo Colleges District to share this information with other Alamo Colleges District officials when deemed necessary.
- I certify that, to the best of my knowledge, the above information (including any attached copies) is true and correct.

By submitting this form I certify that the information provided is true and accurate.

Click Submit button below to submit the selected file. Please do NOT refresh after clicking. It may take several seconds to validate your document.

Student will receive confirmation once they hit submit.

Bacterial Meningitis Immunization Waiver

Thank you for submitting your Bacterial Meningitis Immunization waiver request. Please allow up to 2 business days for processing.

If you have any questions, please contact us at (210)21-ALAMO or (210)212-5266

or via email at:

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RELEASE: 8.7.2
Option 3: Bacterial Meningitis Immunization Enrollment in Only Online Courses

- Select College
- Select Term
- Click Submit

Student will receive confirmation once they hit submit.

Bacterial Meningitis Immunization Waiver Enrollment in Only Online Courses

New students, returning students or continuing students may request exemption from the Bacterial Meningitis Immunization requirement (Texas Education Code § 51.9191/51.9192(b) ) due to enrollment only in online classes. Students must submit this form for each term in which the exemption is requested.

St. Philip's College  
Spring 2021

I certify that I will only enroll in online courses for the above term.

- I understand that if my status changes and I enroll in any non-online course, I must submit the appropriate proof of bacterial meningitis immunization to the Colleges' Admissions and Records offices within 5 days from registration for the non-online course(s), which will be systematically verified.
- I understand that failure to do so will result in cancellation of enrollment in non-online course(s) and may affect financial aid package if applicable.
- This waiver is valid for 3 weeks.

By submitting this form I certify that the information provided is true and accurate.

Submit