

Required Acknowledgement of Bacterial Meningitis

I acknowledge that I have received and read the information provided by The University of Texas Medical Branch at Galveston about Bacterial Meningitis, as required by State Law (Chapter 51, Education Code, Section 51.9191; Chapter 38, Education Code, Section 38.0025).

Print full name: _____

UTMB assigned PID: _____

Signature: _____

Return this form to: Enrollment Services

**The University of Texas Medical Branch at Galveston
301 University Boulevard
Galveston, Texas 77555-1305**

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