



Bacterial Meningitis Immunization Medical Exemption Affidavit

Notice: THIS FORM IS DUE TEN (10) DAYS PRIOR TO THE FIRST DAY OF CLASS

As the physician of:

Student's Last Name

Student's First Name

Student's Middle Initial

/ /

Student's Date of Birth

UNTHSC Student ID #

The student has not been immunized against Bacterial Meningitis based on the conclusion at this time that it would be injurious to the student's health.

Comments:

Printed Name of Physician

Signature of Physician

Signature Date

Physician's Address:

Physician's Phone Number