Bacterial Meningitis Medical Exemption

Texas Higher Education

IMPORTANT Please disregard this form if you are submitting proof of immunization.

To claim a medical exemption from the bacterial meningitis vaccine requirement, you must obtain a waiver, signed by a physician who is duly registered and licensed to practice medicine in the United States, stating that, in the physician's opinion, the required vaccination would be injurious to your health and well-being.

Student Last Name

Student First Name

Date of Birth

The required Bacterial Meningitis Vaccination would be injurious to the health and well-being of this patient. A medical exemption must be declared permanent or must be resubmitted annually. Please select the appropriate box below:

Permanent Medical Exemption

One-year Medical Exemption, as of:
Today's Date

Physician's Printed Name

Physician's Signature

Date Signed

Physician / Practice Stamp