

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 a student's health.	gainst Bacterial Meningitis based on the conclusion at this	time that it would be injurious to the
Comments:		
Printed Name of Physician	Signature of Physician	Signature Date
Physician's Address:	Physician's Phone Number	

Return this completed form to:

UNT Health Science Center Office of the Registrar, EAD 247 3500 Camp Bowie Blvd. Fort Worth, TX 76107-2644 FAX: (817) 735-0448

Email: Registrar@unthsc.edu