

## Bacterial Meningitis Immunization Medical Exemption Form

As the physician of:

Student's Last Name	First Name	MI
Date of Birth / /	UNT Dallas College of Law Student ID #	

This 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.

Physician's Comments:

Physician's Name	Physician's Signature
Physician's Address	
Physician's Phone Number	Date / /

Original, signed documents should be mailed or delivered to the UNT Dallas College of Law, Office of Admissions, 1901 Main Street, Dallas, Texas 75201. Faxed and online submissions are not accepted.