Affidavit

Exemption from Immunizations for Bacterial Meningitis for Reasons of Conscience

To receive an exemption from the Texas immunization requirement for bacterial meningitis, a signed and notarized affidavit must be submitted. This fully executed form must be filed with the appropriate office of the Higher Education Institution you plan to attend prior to first-time enrollment, including transfer or returning following a break in enrollment at least one fall or spring semester, and upon matriculation by the student.

PLEASE COMPLETE THE FOLLOWING SECTIONS: Student Information Full Name First Middle (Please print) Date of Birth: cine for ons of conscience which may include a religious I do NOT want to receive meningococca ulting with a physician about advised of the ortance of belief. Before making this decision, L the diseas the need for immunizations to pre I understand the risks of not any vacch including exposure to a severe debilitating or life ded from school attendance under Texas may be e threatening disease. I further b rstand to option does not apply during a disaster or his r states to Education Code, 51.9192(d)(2), wh. hostile N or paramilitary action, or extraordinary law public health emergery, terrorist priate official or other authority and in effect for the enforcement errerge by an a. location of , as a student stitutio. that the information provided here is true and correct. am the student I certi Date: Signature of Student BEFORE ME, the undersigned authority, on this day personally appeared ______ and being by me first duly sworn, did state under oath the following: My name is over the age of eighteen years, fully competent and authorized to make this affidavit based on my personal knowledge. SUBSCRIBED and SWORN to before me by the said affiant, this __day of _____20 ___. Affix seal

NOTARY PUBLIC, STATE OF TEXAS