

**University of North Texas
Student Health and Wellness Center
BACTERIAL MENINGITIS IMMUNIZATION MEDICAL EXEMPTION
AFFIDAVIT**

As the physician of:

	Student's Last Name	First Name
/ /	<u>University of North Texas</u>	
Birth Date	School	UNT 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	/ / Date
Physician's Address	() - Physician's Telephone	