



## **Bacterial Meningitis Immunization Official Exemption Form**

I, \_\_\_\_\_, am exempt from the required bacterial meningitis vaccination under Texas state law<sup>1</sup> due to the following exemption:

***(Please select only one exemption below and provide documentation as necessary.)***

- I am or will be at least 22 years of age at the time of matriculation and or/class registration.
- I am unable to receive a vaccination because it will be injurious to my health and I have attached and affidavit or certificate from a U.S. licensed physician stating so.
- I decline the immunization due to my conscience or religious beliefs and I have attached a notarized conscientious exemption form from the Texas Department of Health and Services.

### **Certification**

I certify that the information provided in this form and its attachments is correct and true with regards to the Bacterial Meningitis Vaccination Requirement. I understand that submitting false information could constitute an Honor Code violation, grounds for withdrawal from class registration, and up to a revocation of my admissions offer.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Full Name \_\_\_\_\_ SSN # / LSAC Acct # \_\_\_\_\_

---

<sup>1</sup> Texas law (Chapter 21, Student Services, Subchapter T, Section 21.614).