

Bacterial Meningitis Vaccination Exemption Form

(For Students Requesting an Exemption)

Student Name: _____ BC ID: _____

Home Address: _____

Telephone #: _____ Email: _____

Please read and place an "X" next to the exemption you are requesting, sign, date and submit to the BC Registrar

I am claiming a Bacterial Meningitis Vaccine (MV) exemption due to health reasons. Attached is a signed affidavit or certificate from a physician that states the vaccination would be injurious to my health.

I am claiming a Meningococcal Vaccine exemption due to reasons of conscience. A notarized Texas Department of State Health Services exemption form is attached. I understand that this exemption expires after 2 years.

I am claiming a Meningococcal Vaccine exemption due to the fact that I will not, nor do I intend to enroll in courses on the college campus. I agree that should I violate this I may be administratively dropped from the course and could face disciplinary action.

Note: the Reasons of Conscience exemption is valid for only 2 year.s.

Student Signature: _____ Date: _____

Parent or Guardian Signature (If under 18 years of age):

_____ Date: _____