

Return this completed form to:
University of North Texas Health Science Center Office of the
Registrar, SSC 240
3500 Camp Bowie Blvd.
Fort Worth, TX 76107-2699
Phone (817) 735-2201
Fax (833) 431-1243 /ADA (855) 604-0915
health@unthsc.edu

Bacterial Meningitis Immunization Medical Exemption Affidavit

Notice: THIS FORM IS DUE TEN (10) DAYS PRIOR TO THE FIRST DAY OF CLASS

As the physician of:		
Student's Last Name	Student's First Name	Student's Middle Initial
Student's Date of Birth		UNTHSC Student ID #
The student has not been immunized against student's health.	Bacterial Meningitis based on the conclusion at this t	ime that it would be injurious to the
Comments:		
Printed Name of Physician	Signature of Physician	
Physician's Address:	Physician's Phone Number	