UNT DALLAS
UNIVERSITY OF NORTH TEXAS AT DALLAS

BACTERIAL MENINGITIS IMMUNIZATION

MEDICAL EXEMPTION AFFIDAVIT

As the physician of:

Student's Last Name

First Name

__ / __ / ____
Date of Birth

UNTDallas Student ID #

This 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:

Physician's Name

Physician's Signature

Physician's Address

__ / __ / ____
Date