University of St. Thomas - Houston

Bacterial Meningitis Immunization Medical Exemption Affidavit

As the physician of: _____
Student's Last Name First Name

Birth Date: _____

UST 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: _____

University of St. Thomas

Office of Health Promotion and Wellness