University of St. Thomas - Houston

Bacterial Meningitis Immunization Medical Exemption Affidavit

UNIVERSITY OF ST. THOMAS

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

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Printed Name of Physician

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Signature of Physician

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Date

Physician's Address: ____

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Physician's Telephone: ____

University of St. Thomas

Office of Health Promotion and Wellness