Affidavit

Exemption from Immunizations for Bacterial Meningitis for Reasons of Conscience

To receive an exemption from the Texas immunization requirement for bacterial meningitis, a signed and notarized affidavit must be submitted. This fully executed form must be filed with the appropriate office of the Higher Education Institution you plan to attend prior to first-time enrollment, including transfer or returning following a break in enrollment at least one fall or spring semester, and upon matriculation by the student.

| PLEASE COMPLE | TE THE FOLLOWING S | SECTIONS: | | |
|--|---|---|---|---|
| Student Informat | ion | | | |
| Full Name | | | | |
| (Please print) | First | Middle | Last | |
| Date of Birth: (| / / (mm/dd/yyyy) | | | |
| belief. Before ma | _ | cal vaccine for reasons of conso vas advised of the importance of the disease. | | |
| threatening disea Education Code, public health emo enforcement emo | ise. I further understa 51.9192(d)(2), which ergency, terrorist attac | ccinated, including exposure to and that I may be excluded frostates that this exemption doeck, hostile military or paramilitary appropriate official or other attudent attend. | om school attendar es not apply during ary action, or extra | nce under Texas a disaster or aordinary law |
| I certify that I an | n the student and that | t the information provided here | e is true and correc | ct. |
| | | | Date: | |
| Signature of Stude | nt | | _ | |
| me first duly swo | rn, did state under oa ighteen years, fully co | y, on this day personally appeanth the following: My name is competent and authorized to ma | | I am |
| SUBSCRIBED and Affix seal | I SWORN to before m | e by the said affiant, thisd | ay of | 20 |
| | | | NOTARY PUBLI | C, STATE OF TEXAS |