



# Bacterial Meningitis Vaccination Exemption Form

## (FOR STUDENTS UNDER THE AGE OF 22 REQUESTING AN EXEMPTION)

### Student Information

Student Name: \_\_\_\_\_

SSN: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Please read and place an "X" next to the exemption you are requesting, sign, date and submit to the Admissions Office.

☐ I am claiming a bacterial meningitis vaccine exemption due to health reasons. Attached is a signed affidavit or certificate from a physician that states the vaccination would be injurious to my health.

☐ I am claiming a meningococcal vaccine exemption due to reasons of conscience. A notarized affidavit from the Texas Higher Education Coordination Board is attached.

☐ I am taking only online or distance learning courses during the \_\_\_\_\_ semester at Cisco College and will not be on a Cisco College campus or facility during the semester. I understand and acknowledge that I will be required to submit a vaccination record if at any point during the semester I enroll in a class at Cisco College. **I also understand that this exemption is valid for only one term.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date