



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. An "Exemption from Meningococcal Vaccine for Reasons of Conscience" form from the Texas Department of State Health Services 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