

Bacterial Meningitis Immunization or Exemption

- **You may return this document, OR a document bearing the signature or stamp of the physician, a designee, or the public health personnel who administered the immunization, OR an official immunization record generated by a state or local health authority, or immunization record from another school, including those from another state.**
- Immunization must be administered no later than 5 years prior to the first day of class.
- Vaccine information must be in English.

_____/_____/_____
Student Last Name Student First Name Date of Birth

Proof of Vaccination

Please check the vaccine administered:

- Meningococcal conjugate vaccine (MCV4)
- Meningococcal polysaccharide vaccine (MPSV4)

_____/_____/_____
Vaccine Administered Date

Age of Student

***Vaccine must be one of the two listed above approved by the CDC**

or - Exemption from Immunizations for Bacterial Meningitis for Medical Exemption

The Bacterial Meningitis Vaccination required would be injurious to the health and well-being of the student. A medical exemption must be declared a permanent exemption or must be resubmitted annually. Please select:

- Permanent Medical Exemption
- One Year Medical Exemption starting on ____/____/____

Physicians Printed Name

Physician Signature

_____/_____/_____
Date Signed



Practice/Hospital Name: Phone Physician / Practice Stamp

or - Exemption from Immunizations for Bacterial Meningitis for Reasons of Conscience

Students may submit the exemption form stating the student declines the vaccination for reasons of conscience, including a religious belief.

<https://corequestjc.dshs.texas.gov>

THE PRINTED CONFIRMATION PAGE CAN BE SUBMITTED TO MAGNUS HEALTH BY MAIL, FAX OR UPLOAD.