TEXAS A&M UNIVERSITY
CORPUS CHRISTI

Bacterial Meningitis Exemption Form

Purpose of Form: This form may be used by any new student to Texas A&M University-Corpus Christi in order to advise the university that he/she is exempt from the vaccination requirement under section Texas Education Code § 51.9191/51.9192(b) and THECB Rule 21.610 et seq. because he/she is only enrolled in online, other distance education courses, or have a medical exemption.

The complete form can be hand delivered, mailed, faxed, or emailed to the Office of Admissions:

- Office of Recruitment and Admissions, 6300 Ocean Drive, Unit 5774, Corpus Christi, Texas, 78412
- Fax: 361-825-5887, Attention To: Admissions
- Email: admiss@tamucc.edu

Student Name: _____ Student ID #: A_____
Telephone: _____ Date of Birth: _____ /_____ /_____
Email: _____

I am requesting an exemption to the Bacterial Meningitis Vaccination based on the following:

___ I am only taking online or other distance education courses.

___ I have an affidavit or certificate signed by a physician who is duly registered and licensed to practice medicine in the United States, stating that in the physician's opinion, the vaccination would be injurious to my health and well-being. (Exemption documentation must be submitted to and approved by Med+Proctor or attached to this form.)

___ I decline the vaccination for reasons of conscience, including a religious belief. (A completed and notarized conscientious exemption form from the Texas Department of State Health Services (DSHS) must be submitted to and approved by Med+Proctor or attached to this form.)

Student Signature: _____ Date: _____ /_____ /_____

In my opinion, the required vaccination (bacterial meningitis) would be injurious to the health and wellbeing of this student.

Physician's Signature: _____ Date: _____ /_____ /_____
Physician's Name (please print): _____
Physician or Practice's Stamp: