

# Bacterial Meningitis Medical Exemption

Texas Higher Education

**\*\*IMPORTANT\*\* Please disregard this form if you are submitting proof of immunization.**

To claim a medical exemption from the bacterial meningitis vaccine requirement, you must obtain a waiver, 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 required vaccination would be injurious to your health and well-being.

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Student Last Name                      Student First Name                      Date of Birth

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

Permanent Medical Exemption

One-year Medical Exemption, as of: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Physician's Printed Name

\_\_\_\_\_  
Physician's Signature

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date Signed

\_\_\_\_\_  
Practice/Hospital Name



Physician / Practice Stamp

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Please fill out and send this form by email, fax or by regular post to:

Admissions Office  
Dallas International University  
7500 W. Camp Wisdom Road  
Dallas TX 75236

tel. 972-708-7415  
FAX 972-708-7396  
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