

**Texas A&M International University
Student Health Services
BACTERIAL MENINGITIS IMMUNIZATION MEDICAL EXEMPTION AFFIDAVIT**

As the physician of:

Student's Last Name

First Name

____/____/____

Date of Birth

Texas A&M International University

School

TAMIU Student ID #

The student has not been immunized against Bacterial Meningitis based on the conclusion at this time it would be injurious to the student's health.

Comments: _____

Printed Name of Physician

Signature of Physician

Physician's Address

Date

Physician's Telephone Number