



**Bacterial Meningitis Vaccination Exemption Form  
(For Students Requesting an Exemption)**

**Student Information**

Student Name: \_\_\_\_\_ TCC ID: \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ TCC Email: \_\_\_\_\_@my.tccd.edu

**Please read and place an "X" next to the exemption you are requesting, sign, date and submit to your Campus Registrar**

- I am claiming a Bacterial Meningitis Vaccine (MV) 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. A notarized Texas Department of State Health Services exemption form is attached. *I understand that this exemption expires after 2 years.*

- **Note: the Reasons of Conscience exemption is valid for only 2 years.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_



[www.tccd.edu/admissions/meningitis\\_vaccinations.html](http://www.tccd.edu/admissions/meningitis_vaccinations.html)

**Tarrant County College is an Equal Opportunity institution/equal access to the disabled.**