



**Wharton County
Junior College**

**Bacterial Meningitis Vaccination
MEDICAL EXEMPTION AFFIDAVIT**

As the physician of:

Student's First Name: _____

Student's Last Name: _____ Date of Birth: ____/____/____

Student ID #: _____

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

Comments _____

Name of Physician:

Physician's Address

Physician's Telephone: () -

Signature of Physician

Date
