



Affidavit

Exemption from Immunizations for Bacterial Meningitis for Reasons of Conscience

To receive an exemption from the Texas immunization requirement for bacterial meningitis, a signed and notarized affidavit must be submitted. This fully executed form must be filed with the WCJC Office of Admissions and Registration prior to first-time enrollment, including transfer or returning following a break in enrollment at least one fall or spring semester, and upon matriculation by the student.

Please complete the following sections:

_____	_____	_____	_____
WCJC Student ID	Last Name (Current Legal)	First Name	MI
_____	_____	_____	
Date of Birth (MM/DD/YY)	Enrollment Term (Semester, Year)		
_____		_____	
Email Address		Preferred Phone Number	

I do NOT want to receive meningococcal vaccine for reasons of conscience, which may include a religious belief. Before making this decision, I was advised of the importance of consulting with a physician about the need for immunizations to prevent the disease.

I understand the risks of not being vaccinated, including exposure to a severe debilitating or life threatening disease. I further understand that I may be excluded from school attendance under Texas Education Code, 51.9192(d)(2), which states that this exemption does not apply during a disaster or public health emergency, terrorist attack, hostile military or paramilitary action, or extraordinary law enforcement emergency declared by an appropriate official or other authority and in effect for the location of the institution that I, as a student attend.

I certify that I am the student and that the information provided here is true and correct.

_____	_____
Student Signature	Date

BEFORE ME, the undersigned authority, on this day personally appeared and being by me first duly sworn, did state under oath the following: My name is _____. I am over the age of eighteen years, fully competent and authorized to make this affidavit based on my personal knowledge.

SUBSCRIBED and SWORN to before me by the said affiant, this ____ day of _____ 20____. (Affix seal)

Notary Public