Wharton County Junior College

Bacterial Meningitis Vaccination Record

Medical Exemption Affidavit

As the physician/healthcare provider for:

WCJC Student ID	Last Name (Current Legal)	First Name	MI

Date of Birth (MM/DD/YY)

I attest that this student has not been immunized against Bacterial Meningitis based on the conclusion that, at this time, vaccination could be injurious to the student's health.

Comments (Optional):

Name of Healthcare Provider	Provider's Phone

Provider's Address	City	State/Zip

Signature of Healthcare Provider	Date

Email completed form to registrar@wcjc.edu. Make a copy of your immunization documentation for your records. WCJC does not provide copies of immunization record submissions.

Office Use Only Revised: 03/19/2020

Processed by: _____ Term Code: _____