

## Bacterial Meningitis Immunization Medical Exemption Form

As the physician of:

Student's Last Name	First Name	MI
Date of Birth / /	UNT Dallas College of Law Student ID #	

This 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.

Physician's Comments:

Physician's Name	Physician's Signature
Physician's Address	
Physician's Phone Number	Date / /

Original, signed documents should be mailed or delivered to the UNT Dallas College of Law, Office of Academic and Financial Services, 106 South Harwood Street, Dallas, Texas 75201. Email submissions also acceptable to [lawregistrar@untdallas.edu](mailto:lawregistrar@untdallas.edu).