



**Bacterial Meningitis Vaccination Exemption Form
(For New and Returning Students under the Age of 30)**

Student Name:		DCCCD ID:	
Address:		Date of Birth:	
Telephone:		Email Address:	

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 United States licensed or registered physician, nurse practitioner or physician assistant that states the vaccination would be injurious to my health.

☐ I am claiming a Meningococcal Vaccine exemption due to reasons of conscience. I understand if I withdraw for one long semester I may be required to complete a new form. Please select the age appropriate form.

- A notarized Texas Higher Education Coordinating Board (THECB) affidavit for students who are 18 years of age or older <http://www.thecb.state.tx.us/reports/PDF/2554.PDF?CFID=27957543&CFTOKEN=65832908>
- A notarized Texas Department of State Health Services affidavit for students who are 17 years of age or younger <https://webds.dshs.state.tx.us/immco/default.aspx>

Note: For this form, it may take up to 30 days to receive the Conscientious Exemption form in the mail from the Texas Department of State Health Services.

- I understand that I will not be allowed to register for courses at DCCCD without the appropriate notarized conscientious exemption form on file with the college Admissions Office.
- I understand that I must submit the appropriate notarized conscientious exemption form prior to registering for classes.

Student Signature:

Date:
