

Bacterial Meningitis Immunization Medical Exemption Form

As the physician of:

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| 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.

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| Physician's Comments: |
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|--------------------------|-----------------------|
| 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 Admissions, 1901 Main Street, Dallas, Texas 75201. Faxed and online submissions are not accepted.