



**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. A notarized Texas Department of State Health exemption **is attached**. I understand that this exemption expires after two years.
  - The link to the Conscientious Exemption form is <https://webds.dshs.state.tx.us/immco/affidavit.shtm>  
*Note: It may take up to 30 days to receive your Conscientious Exemption form in the mail.*
  - I understand that I will not be allowed to register for courses at DCCCD without a completed State of Texas certified Conscientious Exemption form on file with college Admissions Office.
  - I understand that I must submit the Conscientious Exemption form prior to registering for classes.

Student Signature:	Date:
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