

# Bacterial Meningitis Vaccination Verification Form

Last Name First Name HCC Student ID Number

Date of Birth Daytime phone # Email address

I am submitting meningitis immunization documentation as required

I am submitting Medical Exemption affidavit or certificate (Signed statement by physician stating that the vaccine poses a significant risk to your health. Unless statement indicates permanent condition, the exemption statement is valid for only one year from the date signed by the physician)

I am submitting an [Affidavit for Exemption from Immunization for Bacterial Meningitis for Reasons](https://corequestjc.dshs.texas.gov/) [of Conscience.](https://corequestjc.dshs.texas.gov/)

# VERIFICATION FORM & DOCUMENTATION MAY BE SUBMITTED:

* **AT ANY CAMPUS**
* **BY EMAIL:** Scan your documentation and attach it to an email sent to [vaccine@hccs.edu](mailto:vaccine@hccs.edu)
* **BY FAX: 713/718-2882**
* **BY U.S. MAIL:**

Houston Community College Admissions & Records,

P.O. Box 667517

Houston, Texas 77266-7517

I have read and understand the Bacterial Meningitis immunization requirement. I certify that the information I have provided is true and correct.

Student Signature Date