



Bacterial Meningitis Vaccination Exemption Form (For Students Requesting an Exemption)

Student Information

Student Name: _____ Parker U ID: _____

Home Address: _____

Telephone #: _____ Parker U Email: _____@parker.edu

Please read and place an "X" next to the exemption you are requesting, sign, date and submit to campus Registrar.

- I am 22 years old or older. Date of birth: _____ (will be verified with student record).
- I am currently enrolled in online courses.
- I am claiming a Bacterial Meningitis Vaccine (MV) exemption due to health reasons. Attached is a signed affidavit or certificate from a physician 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 Services exemption form is attached. I understand that this exemption expires after 2 years.

- Note: the Reasons of Conscience exemption is valid for only 2 years.

Student Signature: _____ Date: _____