



healthyhorns

University Health Services

Bacterial Meningitis Medical Exemption

The Texas Administrative Code, Part 1, Title 19, Chapter 21, Subchapter T, Rules §21.612, §21.613, and §21.614 define college students' requirements for meningococcal vaccination. Rule §21.614 (b) A student, or parent or guardian of a student, is not required to submit evidence of receiving the vaccination against bacterial meningitis if the student, or parent or guardian of a student, submits to the institution.

- (a) An affidavit or a certificate signed by a physician who is duly registered and licensed to practice medicine in the United States, in which it is stated that, in the physician's opinion, the vaccination required would be injurious to the health and well-being of the student.

Title 25, Part 1, Chapter 97, Subchapter B, Rule §97.62 Unless it is written in the statement that a lifelong condition exists, the exemption statement is valid for only one year from the date signed by the physician.

Instructions for completing and submitting the form:

1. Print and complete the form by hand.
2. Photograph or scan the completed form.
3. Log in to the Med+Proctor portal using your UT EID and password.
4. Submit the completed form.

SECTION A: To Be Completed by the Student

STUDENT NAME _____ DATE OF BIRTH _____
EMAIL ADDRESS _____ UT EID _____
PHONE _____

SECTION B: To Be Completed by the Healthcare Provider

___ In my opinion, the required vaccination (bacterial meningitis) would be injurious to the health and well-being of this student.
This exemption:
___ is permanent. ___ expires on: _____.

PHYSICIAN SIGNATURE

DATE

PHYSICIAN NAME

PHYSICIAN ADDRESS

PHYSICIAN PHONE NUMBER

(OPTIONAL) PHYSICIAN OR PRACTICE'S STAMP