



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 of Conscience.](#)

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
- 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