HOUSTON COMMUNITY COLLEGE

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