



### TCU Vaccination Exemption Form

**Please read the following**

Students are allowed to register for courses at TCU after submitting the required Meningococcal and MMR vaccinations on the TCU Student Health portal at [healthcenter.tcu.edu/portal](http://healthcenter.tcu.edu/portal). Submitting this form exempts a student from one or both of these requirements, as indicated below. Students requesting a medical exemption should fill out sections A and B. For Reasons of conscience, students should only fill out sections A and C.

#### Section A: Demographic Information

Student Name: \_\_\_\_\_ TCU ID: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Term Enrolling:  Fall  Spring  Summer Year: \_\_\_\_\_ Email: \_\_\_\_\_

#### Section B: Medical Exemption

(to be completed by physician/health professional)

A student, or a parent or guardian of the student, is not required to submit evidence of receiving a required vaccination if in the physician’s opinion, the vaccination required would be injurious to the health and well-being of the student. The physician must be duly registered and licensed to practice medicine in the United States and complete the following:

Student’s Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

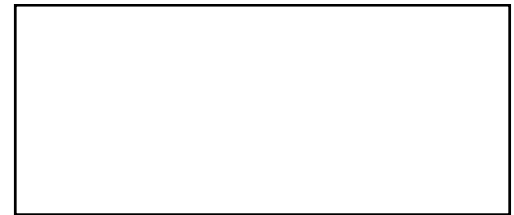
**I certify that the vaccinations below would be injurious to the health and well-being of this patient.**

Meningitis ACWY4     MMR

\_\_\_\_\_  
Licensed Healthcare Provider’s Name (please print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature



Place Official Stamp Here

#### Section C: Reasons of Conscience Affidavit

When declining required vaccinations for reasons of conscience, including religious belief, the following instructions must be followed: The Texas Affidavit Request for Exemption from Immunizations must be completed online at <https://corequest.dshs.texas.gov/>. The Texas Department of State Health Services will then mail you the affidavit. You must complete the affidavit, have it notarized, attach it to this form, and mail it to us at the address below.

Student’s Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

**The attached affidavit exempts me from the following required vaccinations:**     Meningitis ACWY4     MMR.

Student’s Signature \_\_\_\_\_ Date \_\_\_\_\_