Office of Admissions/Registrar
3800 Charco Road
Beeville, TX 78102

Telephone: (361) 354-2217
Fax: (361) 371-8366
admissions@coastalbend.edu

Bacterial Meningitis Vaccination Record
Medical Exemption Affidavit

As the physician/healthcare provider for:

Name _____ CBC ID _____

Date of Birth _____

I attest that this student has not been immunized against Bacterial Meningitis based on the conclusion that, at this time, vaccination could be injurious to the student's health.

Comments (Optional):

_____ _____
Name of Healthcare Provider Provider's Phone

_____ _____ _____
Provider's Address City State/Zip

_____ _____
Signature of Healthcare Provider Date

CBC does not provide copies of immunization record submissions.

**********OFFICE USE ONLY**********

Processed by _____ Term Code _____

Coastal Bend College does not discriminate on the basis of race, creed, color, national origin, gender, age or disability.

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Revised 10/2023