



Bacterial Meningitis Exemption
Due to Health Reasons for new and returning students aged
21 years or younger who are requesting an exemption.

Student Name: _____ Del Mar ID: _____

Home Address: _____

Telephone Number: _____ Email: _____

Sign, date and submit this document along with the additional documents requested in order to be considered for the meningitis vaccination exemption due to health reasons.



I am claiming a bacterial meningitis vaccine exemption due to health reasons. Attached is a signed affidavit or certificate from a physician that states the vaccine would be injurious to my health.

Student Signature: _____ **Date:** _____