STATE OF _____)
:
COUNTY OF _____)

AFFIDAVIT OF PHYSICIAN REGARDING
BACTERIAL MENINGITIS VACCINATION

Before me, the undersigned authority, personally appeared _____, M.D., who being by me duly sworn, deposed as follows:

My name is _____. I am over 18 years of age, of sound mind, capable of making this Affidavit, and personally acquainted with the facts herein stated.

I am a licensed physician in the State of _____ , and I hereby certify that on _____ I examined and/or evaluated _____, a student at Rice University; and, in my expert opinion, the vaccination required for protection against bacterial meningitis would be injurious to the health and well-being of the student.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge.

_____
Affiant signature

_____, M.D.
[print name]

SWORN TO AND SUBSCRIBED before
me on the ____ day of _____, 2009.

_____
Notary Public, State of _____

My commission expires: _____