

## Summer 2020 Online Classes ONLY Immunization Waiver

Students who are enrolled in online classes ONLY are exempt from meningitis immunization requirements. To request this exemption, students must complete this form and return it to UHCL in one of the following ways:

**By Mail:**

Office of Academic Records Attn: Immunization  
2700 Bay Area Blvd Box # 86  
Houston, TX 77058-1098

**By Fax:**

Office of Academic Records  
281-283-2530

**Uploading:**

Follow instructions to:

Uploading Bacterial  
Meningitis Immunization  
Documentation

**UHCL Pearland Campus**

Office of Enrollment Services A128  
1200 Pearland Parkway  
Pearland, TX 77581

***This waiver is for Summer 2020 only (Summer 2020 Mini, 1st 5-week, Regular, and 2nd 4-week sessions) and must be updated, with a proper immunization document for following Fall 2020 semester and/or following semester(s).***

Please be aware the University of Houston-Clear Lake will conduct online enrollment verification each term to ensure that students under this waiver are compliant with the law. Students holding this waiver which have not presented the proper immunization documentation will be withdrawn from any classes which are not 100% online.

\_\_\_\_\_  
Student ID#

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
MI

In submitting this form, I affirm that I am registering for ONLY online classes.

I understand that Texas State law mandates that all entering students under the age of 22 provide either a certificate signed by a health care provider or an official immunization record verifying that the student has been either vaccinated against bacterial meningitis or received a booster during the five years prior to registration.

I understand that in order to continue to be exempt from the meningitis immunization requirement, I must complete a new form for each semester I wish to request an exemption.

***I understand that if I enroll in a course that is not fully online and have not submitted the proper documentation to UHCL, the university may drop my class without prior notice.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Semester/Session/Year

\_\_\_\_\_  
Date

**For Registrar's Office Only**

☐ Approved ☐ Disapproved

Date Entered in System \_\_\_\_\_

Date Expires \_\_\_\_\_

Student Notified (Date) \_\_\_\_\_