

**For those who are required to provide proof of immunization for Bacterial Meningitis:  
PLEASE COMPLETE AND RETURN THESE FORMS TO:**

INTERNATIONAL HEALTH SERVICES  
7500 W. CAMP WISDOM RD.  
DALLAS, TX 75236  
[Clinic\\_dallas@sil.org](mailto:Clinic_dallas@sil.org)  
US FAX 972-708-7392  
(Tel. 972-708-7408)

- International Health Services Receipt of Notice of Privacy Practices
- Meningitis immunization proof OR Meningitis medical exemption

**Contact the Admissions department if you have any questions about any of these forms:  
[admissions@diu.edu](mailto:admissions@diu.edu)**

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