

Bacterial Meningitis Immunization Record

As a first-time, transferring, or returning student attending an institution of higher education, you must provide your school with evidence of vaccination against bacterial meningitis.

_____/_____/_____
Student Last Name Student First Name Date of Birth

Vaccination Information	
Please check the type of vaccine that was administered:	_____/_____/_____
<input type="checkbox"/> Meningococcal Conjugate Vaccine (MCV4)	Vaccine Administered Date
<input type="checkbox"/> Meningococcal Polysaccharide Vaccine (MPSV4)	_____ Age of Student
Vaccine must be one of the two listed above, which have been approved by the CDC	

Physician/Health Practitioner - Print Name

Physician/Health Practitioner - Signature

Date Signed

Practice/Hospital Name

Physician or Health Practitioner / Practice Stamp

<p>Compliance Rules:</p> <ul style="list-style-type: none"> • Vaccine information must be in English • An immunization record issued by a state or local health authority will be accepted • The vaccine must be administered during the five-year period preceding, or at least 10 days prior to the first day of class
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StudentsThis form must be submitted at least 10 days prior to the start of the semester in which you seek to enroll or you will not be allowed to register or attend classes.

Student ID #: _____

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