

**Evidence of Vaccination against Bacterial Meningitis
(For International Student Use ONLY)**

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

Last Name: _____ First Name: _____

Student ID (Buffalo Gold Card #) _____

Date of Birth: _____ Phone Number: _____

E-mail Address: _____

Compliance Rules:

- 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

Date bacterial meningitis vaccination was administered: ____ / ____ / ____

By signing this form, I certify that the information provided is true and accurate. Specifically, I certify the following:

- I am a Health Practitioner authorized by law to administer an immunization or I have legal designation to complete and sign this form on behalf of a Health Practitioner authorized by law to administer an immunization.
- The individual who administered the bacterial meningitis vaccination to the student named above is or was a Health Practitioner authorized by law to administer an immunization.
- The bacterial meningitis vaccination was administered to the student named above by the Health Practitioner named below and on the date provided below.

Health Practitioner name (Print): _____

Health Practitioner or Designee Signature: _____ Date: ____ / ____ / ____

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