



STEPHEN F. AUSTIN
STATE UNIVERSITY

Office of International Programs

Meningitis Vaccination Verification Form – ‘A’ Vaccination

Refer to the Bacterial Meningitis Immunization webpage for state law requirements and information on uploading your proof of vaccination: <https://www.sfasu.edu/admissions-and-aid/admissions-process/future-student-checklist/bacterial-meningitis>

Student Name: _____

Student ID: _____

Student Address: _____

Student Phone Number: _____

Medical facility information where vaccination was received:

Name of Health Care Provider (MD, NP, RN): _____

Date of meningitis vaccination: _____

Address: _____

Telephone: _____ Stamp: _____

Signature of Health Care Provider: _____ Date: _____

License Number of Health Care Provider: _____

I authorize the Office of International Programs at Stephen F. Austin State University to share any medical information pertaining to my meningitis vaccination, including any and all “treatment records” under FERPA, with any university employee who may have a legitimate need to know that information for the purpose of mitigating the transfer of the bacterial virus. This includes, but is not limited to the Office of the Dean of Student Affairs, Residence Life, or the Office of Student Rights and Responsibilities.

Student Signature: _____ Date: _____

Parent/Legal Guardian printed name (if student is under 18): _____

Parent/Legal Guardian signature: _____

For International Students ONLY