

This form is for incoming students who are new to UB.

Students cannot register for classes until they have fulfilled the immunization & meningitis information requirements.

This form must be completed and signed by a medical provider or attach immunization records from previous school, medical provider or government agency to the completed form. Exemption information can be reviewed at buffalo.edu/studentlife/immunize

2021-2022 Health Background Form

All new students: undergraduate, graduate, and professional

Returning Health-Related students use the Annual Immunization Review form

University at Buffalo Student Health Services

Michael Hall, 3435 Main Street, Buffalo, NY 14214-8003

Phone: 716-829-3316 Fax: 716-829-2564

Name (please print): _____ UB Person #: _____
Last First MI

Birthdate: _____ Academic Program/Major: _____
Month Day Year

Emergency contact name & phone #: _____

For Students Under 18 Years of Age Only

To avoid delays when medical problems arise, we request that the following statement be signed by a parent or legal guardian:

I hereby grant permission to UB Student Health Services to provide services, including telemedicine, to my child. This includes care and treatment by medical providers at any outside health care facility if deemed necessary by UB Student Health Services.

Parent/Guardian Signature _____

Relationship _____

Date _____

Part 1 Immunizations Required for ALL STUDENTS

MMR (Measles, Mumps, Rubella)

REQUIRED

Immunization	Immunization Date (Month/Day/Year)	Or Attach Serology Results/Date
2 MMR's (measles, mumps & rubella) 1 st dose after 1 st birthday; 2 nd dose at least 28 days later OR individual immunizations below	#1 6/30/2014	
	#2 4/9/2021	
2 MEASLES 1 st dose after 1 st birthday; 2 nd dose at least 28 days later	#1	In order for serology to be considered during compliance review, lab report documenting positive titer(s) must be attached.
	#2	
1 MUMPS after 1 st birthday		
1 RUBELLA after 1 st birthday		

Optional for all other students

*Students enrolled (not intended majors) in health-related programs are required to provide proof of TB testing (see Part 4C), Tetanus vaccine (within 10 years), Hepatitis B and Varicella immunity. For 1st year medical students, a Hepatitis B antibody quantitative titer report is required.

Positive blood titers acceptable proof of immunity for Hepatitis B and Varicella. Lab report must be attached to this form to be considered valid.

Immunization	Immunization Date(s) (Month/Day/Year)		
Hepatitis B* If Heplisav-B given, only 2 doses required	#1	#2	#3
	Circle: Energix Heplisav		
Tetanus* Within 10 years. Complete both fields even if same date.	Date of most recent Tetanus & circle type:		Date of 1 lifetime, adult Tdap (pertussis booster):
	Circle: Td Tdap		
Varicella*	#1	#2	Or date of clinician diagnosis

Meningitis Information Form

REQUIRED

New York State Public Health Law requires all students to verify that they have received information about meningococcal disease and made an informed decision about immunization. Review this information at buffalo.edu/studentlife/immunize

You must complete one of the following:

Meningitis ACWY (must be within 5 years)	Vaccination Date: 4/9/2021 (Menactra)
Meningitis WAIVER	I acknowledge the risks associated with meningitis and refuse immunization. Signature _____ Date _____ Student sign & date if 18 years of age or older; Parent/guardian sign & date if under 18 years of age

Part 3 Additional Immunizations Optional for ALL STUDENTS

COVID-19 (may be a 1 or 2 dose series)	#1	#2	
	Circle: Moderna Pfizer Janssen AstraZeneca Other _____		
Hepatitis A	#1	#2	
Human Papilloma (HPV)	#1	#2	#3
Meningitis Serogroup B (may be a 2 or 3 dose series)	#1	#2	#3
	Circle: Trumenba Bexsero		

An official stamp and/or an authorized signature must appear on this form or it will not be accepted.

Signature/Stamp of medical provider _____ Date 4/14/2021

Part 2 Immunizations Required for HEALTH-RELATED STUDENTS

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