

**Submit To: Student Health Services**  
**Estelle & Zoom Fleischer Athletic Center**  
323 Martin Luther King Blvd., Newark, NJ 07102  
Office #973-596-3621 – Fax #973-596-0047

**MANDATORY IMMUNIZATION REQUIREMENTS**

*Keep A Copy Of Your Immunization Records*

Name: \_\_\_\_\_  
(Please Print)

Address: \_\_\_\_\_

Social Security or I.D. # \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Month/Day/Year

**1. Measles, Mumps, and Rubella**

*Two MMR'S are required **ON OR AFTER** 12 months of age. The second MMR vaccine must be **30 days after** the first vaccine). Please write dates as month/day/year.*

- a. Measles, Mumps, and Rubella – Two MMR's are required on or after 12 month of age. The second MMR vaccine must be 30 days after the first vaccine.

MMR Vaccine 1: \_\_\_\_\_ Measles Vaccine 1: \_\_\_\_\_ Mumps Vaccine 1: \_\_\_\_\_  
Date Date Date  
MMR Vaccine 2: \_\_\_\_\_ Rubella Vaccine 1: \_\_\_\_\_  
Date Date

- b. Or attach Lab report showing **serology blood test** IgG levels for measles, mumps, and Rubella. *(If any results are Negative/Non-immune, vaccination is required)*

2. **Hepatitis B Vaccine:** Date 1: \_\_\_\_\_ Date 2: \_\_\_\_\_ Date 3: \_\_\_\_\_  
*Health care provider, please note: ( if given 2 dose regiment, please include name of vaccine given)*  
Or attach lab report showing evidence of immunity

3. **Meningitis Vaccine** for types A, C, Y, W 135 incoming students residing in on-campus housing

Menactra (Preferrable) Date: \_\_\_\_\_ or Menomune Date: \_\_\_\_\_

4. **Tuberculosis Skin Test** *(within 12 months of registration , required regardless of BCG)*

Date Applied: \_\_\_\_\_ Date Read: \_\_\_\_\_ Size of induration \_\_\_\_\_ mm  
*(If you tested positive or in the past have had a positive, provide a copy of the Chest x-ray report)*

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**Recommended Immunizations**

**Tetanus/Diphtheria** (within 10 years) Date: \_\_\_\_\_ **Tdap** Date: \_\_\_\_\_

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Health Professional Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
*(Please affix office stamp to the document)*

