Submit To: Student Health Services
Estelle & Zoom Fleischer Athletic Center
323 Martin Luther King Blvd., Newark, NJ 07102
Office #973-596-3621 – Fax #973-596-5517

MANDATORY IMMUNIZATION REQUIREMENTS
Keep A Copy Of Your Immunization Records

Name: _____
(Please Print)

Address: _____

Student 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 at least 30 days after the first vaccine

   MMR Vaccine 1: _____ Date Measles Vaccine 1: _____ Date Mumps Vaccine 1: _____ Date
   MMR Vaccine 2: _____ Date Rubella Vaccine 1: _____ 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 note as such, giving dose and age at time of vaccine)
   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 / Menveo 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)*

Recommended Immunizations

Tetanus/Diptheria (within 10 years) Date: _____ **Tdap** Date: _____

Health Professional Signature: _____ Date: _____

Address: _____ Phone #:_____

(Please affix office stamp to the document)