

IMMUNIZATION RECORD**

****This form is required for ALL students**

NJIT Student I. D number (8 digit): _____

Last Name	First Name	Middle Initial
-----------	------------	----------------

Street Address Telephone

City	State	Country	Zip Code
_____ / ____ / _____			M / F
First Enrolled (Mo/Yr)		Date of Birth	Gender

PART A: MEASLES, MUMPS, RUBELLA IMMUNIZATION Required 2 doses:

FIRST MMR date <input style="width:100px" type="text"/> On /after first birthday	SECOND MMR date <input style="width:100px" type="text"/> 2nd shot must be 30 days after 1st shot
--	--

PART B: (To be filled out ONLY if you have not filled out PART A)

MEASLES #1 date <input style="width:100px" type="text"/> On/after 1st birthday	MUMPS #1 date <input style="width:100px" type="text"/> On/after 1st birthday	RUBELLA date <input style="width:100px" type="text"/> On/after 1st birthday
--	--	---

MEASLES #2 date <input style="width:100px" type="text"/> 30 days after 1st shot	MUMPS #2 date <input style="width:100px" type="text"/> 30 days after 1st shot	Rubella #2 date <input style="width:100px" type="text"/>
---	---	--

OR Submit blood titers for Measles, Mumps and Rubella. **Blood Titers must be accompanied by a lab report indicating a numerical value for the titer IgG level and a reference range.*

BLOOD TITERS* date *please attach lab report

PART C: HEPATITIS B REQUIRED – Required 3 doses for all students OR submit blood titers for Hepatitis B surface antibody and provide the lab report

Hepatitis B 1st Date <input style="width:100px" type="text"/>	2nd Date <input style="width:100px" type="text"/>	3rd Date <input style="width:100px" type="text"/>
---	---	---

PART D: MENINGITIS REQUIRED FOR ALL STUDENTS

Meningococcal Meningitis (Menveo or Menactra)

1st dose prior to age 16 an additional dose should be given before the start of College

	Initial	Booster
MENINGITIS VACCINE date(s):	<input type="text"/>	<input type="text"/>

It is also required that all students submit evidence of Meningitis B regardless of age or residential status.

MENINGOCOCCAL B: Circle: 2 dose or 3 dose series
(Men B vaccine)
Circle: Trumenba/Bexsero Dose #2 Circle: 30 days after 1st dose/6 months after 1st dose

PART E: It is required that all students have a TB test before entering the college.

MANTOUX (PPD): Must be done within 6 months prior to arrival on campus.

Date Placed Date Read *Results
*Positive test results require proof of Chest X-ray. *Indicate mm of induration

Or submit the **Quantiferon Gold blood** test attach lab report

PART F: OTHER IMMUNIZATIONS STRONGLY RECOMMENDED BUT NOT REQUIRED

Tdap Date: OR Tetanus Date:
Varicella #1 Date: Varicella #2 Date: OR Provide a Lab Report(showing a positive IgG antibody titer)

PART G: Covid-19

Covid Testing results

Positive Negative Date of Test

Type of Test _____

Physician Signature/Stamp: _____ Date: _____

Address: _____ Phone # _____