NJIT – NEW JERSEY INSTITUTE OF TECHNOLOGY
PRE-ENTRANCE IMMUNIZATION RECORD

LAST NAME	FIRST NAME	MIDDLE NAME

Date of Birth: _____NJIT ID #: _____ Full-Time ☐ Part-Time ☐

STUDENT SIGNATURE (REQUIRED): _____

FORM MUST BE SIGNED AND RETURNED TO: NEW JERSEY INSTITUTE OF TECHNOLOGY,
Student Health Services, 323 Martin Luther King Blvd., Newark, NJ 07102
Website:www.njit.edu/healthservices, Email: healthservices@njit.edu
Office #973-596-3621, Fax #973-596-5517

To be completed and signed by your healthcare provider

VACCINE	Dose #1 Date	Dose #2 Date	Dose #3 Date	Date of positive Immune Titer
MMR (Measles, Mumps, Rubella) 2 Doses required ON OR AFTER 12 months of age. The second MMR vaccine must be 30 days after the first vaccine. MMR requirement is only for those born in 1957 or later. (Attach lab report showing serology blood test IgG levels for MMR).				
OR				
MEASLES (Rubeola) 2 Doses REQUIRED				
MUMPS 2 Doses REQUIRED				
RUBELLA (German Measles) 2 Doses REQUIRED				
MENINGOCOCCAL MENINGITIS (2nd dose, 5 years after the 1st dose). ☐ Menactra ☐ Menveo (please check one) REQUIRED for all students who are *New to NJIT* as of Fall 2013				
TB SKIN TESTING –(within 6 month of Admission) A recent TB Test is needed and is **Required** for **All** students. If positive TB skin test, do not Repeat. Please record the date of Positive result and chest x-ray information below.) May use QuantiFeron.	**Date Given** _____ **Date Read** _____	**Positive** ☐	**Negative** ☐	**Result** _____MM
A. If positive TB test: Must supply x-ray result, treatment date, if applicable or QuantiFERON Gold blood test. (See attached form)	**X-ray Date**	**Normal** ☐	**Abnormal** ☐	**Treatment Date**
HEPATITIS B (ADULT) Required 3 doses for all students. Attach lab report showing evidence of immunity. **(Hep. B Antibody)**				
Tdap (within last 10 years)				
TD (within last 10 years)				
Varicella (Chickenpox) 2 doses of vaccine or blood work showing a positive IgG antibody titer				

Healthcare Provider Name, Address, and Signature (Required): Include Phone and Fax

Name: _____**Signature:**_____**Date**_____

Address:_____

Phone:_____ ____ **Fax**_____