

*****please indicate all dates based on the USA system of Month/Day/Year*

**Berkeley College
Student Immunization Record Form**

Name: _____

Home Address: _____ Date of Birth: _____
month/day/year

State Laws require postsecondary students to show protection against MEASLES, MUMPS, and RUBELLA plus MENINGITIS for dormitory students in New Jersey.

REQUIRED: Measles (Rubeola) Immunity - Must have ONE of the following:

1. TWO dates of Measles Immunization: (1) _____ (2) _____
The first vaccination must be given after the first birthday and the second on or after 15 months of age.
2. Date of Measles Titer _____ Results _____
3. Date of Physician – diagnosed Measles disease _____
AND signature of the diagnosing physician _____

REQUIRED: Rubella (German Measles) Immunity – Must have ONE of the following:

1. Date of at least one Rubella Immunization: (1) _____ (2) _____
Must be on or after the first birthday.
2. Date of Rubella Titer _____ Results _____

REQUIRED: Mumps Immunity – Must Have ONE of the following:

1. Date of at least Mumps Immunization: (1) _____ (2) _____
Must be on or after the first birthday.
2. Date of Mumps Titer _____ Results _____
3. Date of Physician – diagnosed Mumps disease _____
AND signature of the diagnosing physician _____

REQUIRED FOR NEW JERSEY ONLY: HEPATITIS B - 3 doses or any combination containing hepatitis B vaccine; or approved, age dependent, two dose adult regimen:

Dose #1 ___ / ___ / ___ Dose #2 ___ / ___ / ___ Dose #3 ___ / ___ / ___ OR Titer/Date ___ / ___ / ___

Titer Results _____

PLEASE NOTE: The MMR vaccine is recommended for all measles vaccine doses to provide increased protection against all three vaccine – preventable diseases: Measles, Mumps and Rubella.

REQUIRED: Meningitis (Dormitory Students): Date of Vaccine _____

Signature and Stamp of Health Practitioner *

Date