



Student Health Services Office
 505 Ramapo Valley Road, Mahwah, NJ 07430-1680
 Phone (201) 684-7536 Fax (201) 684-7534
www.ramapo.edu

IMMUNIZATION REQUIREMENTS

Name: _____ Student ID: R_____ Birth Date: _____

If you are a matriculated full or part time undergraduate or graduate student, **born on or after 01/01/1957**, you must submit proof of the following:

- o 2 measles (rubeola) immunizations given on or after 01/01/1968 and given at least 30 days apart.
- o 1 German measles (rubella) immunization given on or after 01/01/1968
- o 1 mumps (parotitis) immunization given on or after 01/01/1968
- o Mantoux / PPD Tuberculosis Skin Test no more than 6 months prior to your starting classes at Ramapo College of New Jersey. You **must** return to your medical provider within 48-72 hours for the reading of this test.

If you are unable to provide a record of your measles, mumps, and/or rubella immunizations, a positive blood titer indicating antibodies to these diseases is acceptable proof. You must submit a copy of the laboratory report in accordance with New Jersey State Law.

If you are a matriculated full or part time undergraduate or graduate student, **born before 01/01/1957**, you must submit the following:

- o Mantoux / PPD Tuberculosis Skin Test no more than 6 months prior to your starting classes at Ramapo College of New Jersey. You **must** return to your medical provider within 48-72 hours for the reading of this test.

In addition to the above requirements, all full time students (12 credits or more) must submit proof of 3 doses of Hepatitis B vaccine.

Meningococcal (meningitis vaccine) is required of all students who will reside in college housing. Failure to submit proof of the meningitis vaccine will prohibit you from residing in college housing after your initial semester.

All of the above documentation must be submitted and in compliance within 60 days of your starting classes. Failure to comply will lead to exclusion from further registration of classes and exclusion from Ramapo College of New Jersey.

<u>REQUIRED:</u>	FIRST IMMUNIZATION <i>(Must be on or after 1st birthday)</i>	SECOND IMMUNIZATION <i>(Must be at least 30 days after 1st dose)</i>
	MONTH DAY YEAR	MONTH DAY YEAR
Measles (Rubeola) #1	___/___/___	Measles (Rubeola) #2
	___/___/___	___/___/___
Mumps (Parotitis)	___/___/___	
German Measles (Rubella)	___/___/___	
OR		
MMR #1	___/___/___	MMR #2
	___/___/___	___/___/___
Meningococcal: Required of any student who will reside in college housing. ___/___/___		
Mantoux / PPD Test: Required of all students. This test can be administered no more than 6 months prior to your starting classes. <u>You must</u> return to your medical provider within 48 – 72 hours for the reading of this test.		
Administered on	___/___/___	Read on
Forearm: R or L		Result: Negative ___ Positive ___ : Size ___ mm
If you have a positive result: Date of Chest X-Ray ___/___/___		
If you received treatment for Tuberculosis, please provide the following information:		
Treatment dates: ___/___/___ to ___/___/___		
Hepatitis B: 3 doses of Hepatitis B vaccine required of all full time students (12 credits or more):		
___/___/___ ___/___/___ ___/___/___		
THIS FORM MUST BE COMPLETED & SIGNED BY YOUR HEALTH CARE PROVIDER:		
_____	_____	_____
Medical Provider Signature	Date	License Number or Office Stamp Required



Center for Health & Counseling Services

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