RAMAPO COLLEGE OF NEW JERSEY

Center for Health & Counseling Services

Health Services
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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:

- 2 measles (rubeola) immunizations given on or after 01/01/1968 and given at least 30 days apart.
- 1 German measles (rubella) immunization given on or after 01/01/1968
- 1 mumps (parotitis) immunization given on or after 01/01/1968
- 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:

- 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.

REQUIRED:	***FIRST IMMUNIZATION*** *(Must be on or after 1st birthday)*	***SECOND IMMUNIZATION*** *(Must be at least 30 days after 1st dose)*
	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. ____/____/____
(Recommendation is meningococcal vaccine should be no more than 5 years prior to residing in campus housing.)
Mantoux / PPD Test: Required of all students. This test can be administered no more than 6 months prior to your starting classes. You **must** 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