



**IMMUNIZATION REQUIREMENTS**

Name: \_\_\_\_\_ Student ID: R \_\_\_\_\_ Birth Date: \_\_\_\_\_

If you are a matriculated full time / part time undergraduate or part time / full time graduate student who is under age 31 years at time of enrollment, **you** must submit proof of the following:

- 2 immunizations for measles (rubeola) immunizations given on or after 01/01/1968 and given at least 30 days apart.
- 1 immunization for German measles (rubella) immunization given on or after 01/01/1968
- 1 immunization for mumps (parotitis) immunization given on or after 01/01/1968
- 3 immunizations for Hepatitis B **if you are taking 12 or more credits per semester.**
- 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. Health Services will not read a PPD Skin Test administered by another medical provider.**
- Meningococcal (meningitis immunization) is required of all students who will reside in college housing. Failure to submit proof of the meningitis immunization will prohibit you from residing in college housing after your initial semester.

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

All evidence of immunization is required as a prerequisite to enrollment of all students except for those who meet the exemption requirements as set forth in N.J.A.C. 8:57-6.2(b), 6.11 and 6.12. All evidence must be in compliance within 60 days of enrollment. **Failure to comply will lead to exclusion from further registration of classes and exclusion from Ramapo College of New Jersey.**

<b>REQUIRED:</b>	<b>FIRST IMMUNIZATION</b> <i>(Must be on or after 1<sup>st</sup> birthday)</i>	<b>SECOND IMMUNIZATION</b> <i>(Must be at least 30 days after 1<sup>st</sup> dose)</i>
	MONTH DAY YEAR	MONTH DAY YEAR
<b>Measles (Rubeola) #1</b> _____		<b>Measles (Rubeola) #2</b> _____
<b>Mumps (Parotitis)</b> _____		
<b>German Measles (Rubella)</b> _____		
<b>OR</b>		
<b>MMR #1</b> _____	<b>MMR #2</b> _____	
<b>Meningococcal (MCV4): Required of any student who will reside in college housing.</b> _____, _____ (Recommendation is meningococcal vaccine should be no more than 5 years prior to residing in campus housing.)		
<b>Hepatitis B: 3 doses of Hepatitis B vaccine required of all full time students (12 credits or more):</b> _____/_____/_____		
<b>Mantoux / PPD Test: Required of all students.</b> This test can be administered no more than 6 months prior to your starting classes. <b>You must return to your medical provider within 48 – 72 hours for the reading of this test. Health Services will not do the reading for a PPD Test administered by another medical provider.</b>		
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 _____		
<b>THIS FORM MUST BE COMPLETED &amp; SIGNED BY YOUR HEALTH CARE PROVIDER:</b>		
_____ Medical Provider Signature	_____ Date	_____ License Number or Office Stamp Required

**PLEASE RETURN FORM VIA MAIL, FAX OR EMAIL TO ABOVE NOTED ADDRESSES!**