



Health Services
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immunize@ramapo.edu
www.ramapo.edu/chcs

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. First immunization must be given on or after 1st birthday.
• 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.

Measles (Rubeola) #1 ___/___/___

Measles (Rubeola) #2 ___/___/___

Mumps (Parotitis) ___/___/___

German Measles (Rubella) ___/___/___

OR

MMR #1 ___/___/___ MMR #2 ___/___/___

Meningococcal (MCV4): Required of any student who will reside in college housing. ___/___/___, ___/___/___
(The meningococcal vaccine should be no more than 5 years prior to residing in campus housing or a 2nd dose is recommended.)

Hepatitis B: 3 doses of Hepatitis B vaccine required of all full time students (12 credits or more):

___/___/___ ___/___/___ ___/___/___

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. Health Services will not do the reading for a PPD Test administered by another medical provider.

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 ___/___/___

OR

QuantiFERON-TB Gold Test ___/___/___ Result: ___ Attach test result
T-Spot TB Test ___/___/___ Result: ___ Attach test result

THIS FORM MUST BE COMPLETED & SIGNED BY YOUR HEALTH CARE PROVIDER.

Signature of Medical Provider _____ Date _____ License Number or Office Stamp Required _____