

\*\*\*\*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

**Berkeley College**  
**Meningococcal Meningitis Vaccination Response Form**

<b>Student Information</b>	
Name (print):	ID#:

In accordance with the laws of the State of New Jersey and New York, all new students entering four-year institution after September 1, 2001 must, prior to matriculation, provide the following information.

**Please check one box and sign below:**

I have **(for students under the age of 18: My child has):**

Received meningococcal meningitis immunization within the past 10 years.

Date received: \_\_\_\_\_

**(Note: if you/your child received the meningococcal vaccine available before February, 2005 called Menomune™, please note that this vaccine's protection lasts for approximately 3 to 5 years. Revaccination with the new conjugate vaccine called Menactra™ should be considered within 3 to 5 years after receiving Menomune™.)**

Received information regarding meningococcal meningitis disease and the availability of a meningococcal vaccine to prevent disease. I/my child will obtain immunization against meningococcal meningitis within 30 days from my private health care provider or will make arrangements to obtain immunization through Berkeley College.

Received information regarding meningococcal meningitis disease and the availability of a meningococcal vaccine to prevent disease. I understand the risks of not receiving the vaccine. I have decided that I/my child will not obtain immunization against meningococcal meningitis disease.

Signed: \_\_\_\_\_  
(Parent/Guardian if student is a minor)

Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
(student signature)