***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

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Berkeley College
Meningococcal Meningitis Vaccination Response Form

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<tr>
<th>Student Information</th>
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<tr>
<td>Name (print):</td>
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<td>ID#:</td>
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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 MenomuneTM, please note that this vaccine’s protection lasts for approximately 3 to 5 years. Revaccination with the new conjugate vaccine called MenactraTM should be considered within 3 to 5 years after receiving MenomuneTM.)

☐ 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 have decided that I/my child will not obtain immunization against meningococcal meningitis disease.

Signed: ______________________________________  Date: ______________________

(Parent/Guardian if student is a minor)

Signed: ______________________________________
  (student signature)