

New Jersey State Immunization Requirements

- 1. A booster of tetanus, diphtheria and pertussis (Tdap) within the last 10 years.**
 - 2. Two MMR (measles, mumps and rubella) shots or blood tests indicating immunity to these conditions. The first shot must be given AFTER 12 months of age.**
 - 3. Three doses of hepatitis B vaccine (or appropriately timed 2 dose series) or a blood test indicating immunity to hepatitis B.**
 - 4. One dose of meningitis vaccine for students who will be living on campus. Must be administered within the last 5 years.**
 - 5. A medical provider certified history of chicken pox or two doses of chicken pox vaccine given 4-8 weeks apart or a blood test indicating immunity to chick pox.**
 - 6. A two-step tuberculosis skin test or a TB blood test and a chest X-Ray and evidence of treatment if any of your tests are positive. Required for international students and highly suggested for domestic students.**
- The month, day, and year of the immunization must be provided.**
 - Such statements as “received as a child”, “records were lost” or “up to date” are not acceptable.**
 - All immunization records must be signed by a physician or designee or be copies of original immunization records.**
 - The only circumstances under which a student may be exempt. From submitting proof of immunizations are as follows:**
 - a) A physician certifies that a medical condition precludes immunization.**
 - b) The student states in writing that the required immunizations would conflict with his/ her religious beliefs.**

Last Name: _____

Date of Birth: _____

Required Immunization Record
Must be signed by MD/NP/PA

Vaccines	Dates Given	New Jersey State Requirements
MMR	Oldest Newest #1 ____/____/____ #2 ____/____/____ MM DD YYYY MM DD YYYY	<ul style="list-style-type: none"> • 2 doses of MMR • Minimum of 4 weeks between doses • 1st dose given after 1st birthday
OR	OR	OR
Individual Vaccines: Measles Mumps Rubella	Measles Oldest Newest #1 ____/____/____ #2 ____/____/____ MM DD YYYY MM DD YYYY Mumps Oldest Newest #1 ____/____/____ #2 ____/____/____ MM DD YYYY MM DD YYYY Rubella Oldest Newest #1 ____/____/____ #2 ____/____/____ MM DD YYYY MM DD YYYY	<ul style="list-style-type: none"> • 2 doses of each individual component (2 measles, 2 mumps, and 2 rubella) • Minimum of 4 weeks between doses • 1st dose given after 1st birthday
OR	OR	OR
Positive Titers	Measles Titer Date: ____/____/____ MM DD YYYY Mumps Titer Date: ____/____/____ MM DD YYYY Rubella Titer Date: ____/____/____ MM DD YYYY	<ul style="list-style-type: none"> • Positive Titers
Tdap	____/____/____ MM DD YYYY	<ul style="list-style-type: none"> • Tdap (Tetanus, Diphtheria & Pertussis) is the only acceptable form of Tetanus shot (Must be within last 10 years)
Meningitis	____/____/____ Menomune OR Menaetra OR Waive MM DD YYYY <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<ul style="list-style-type: none"> • One dose for incoming students living on campus within 5 years or completed waiver
Hepatitis B	Oldest Newest #1 ____/____/____ #2 ____/____/____ MM DD YYYY MM DD YYYY	<ul style="list-style-type: none"> • Completed 3 part series
OR	OR	OR
Positive Titer	Hepatitis B Titer Date ____/____/____ MM DD YYYY	Positive Titer
Varicella	Oldest Newest #1 ____/____/____ #2 ____/____/____ MM DD YYYY MM DD YYYY	2 doses of varicella vaccine
OR	OR	OR
Titer	Positive Titer Date ____/____/____ MM DD YYYY	Positive titer
OR	OR	OR
Disease	Date of disease ____/____/____ MM DD YYYY	History of disease must be verified by a medical provider