RAMAPO COLLEGE OF NEW JERSEY

Center for Health & Counseling Services

Health Services
505 Ramapo Valley Road, Mahwah, NJ 07430-1680
Phone 201.684.7536 Fax 201.684.7534 or 201.684.7974
www.ramapo.edu/students/chc

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.
- 1immunization for German measles (rubella) immunization given on or after 01/01/1968
- 1immunization 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 of the above documentation must be submitted and in compliance within 60 days of your starting classes. Failure to comply will lead to exclusion from further registration of classes and exclusion from Ramapo College of New Jersey.

REQUIRED:	***FIRST IMMUNIZATION*** *(Must be on or after 1st birthday)*	***SECOND IMMUNIZATION*** *(Must be at least 30 days after 1st dose)*
	MONTH DAY YEAR	MONTH DAY YEAR
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. ____/____/____ , ____/____/_____
(Recommendation is meningococcal vaccine should be no more than 5 years prior to residing in campus housing.)

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 ____/____/____

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

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