Off-Site Student Immunization Record
**FOR STUDENTS TAKING CLASSES ONLY AT A NON-METRO/FLORHAM CAMPUS LOCATION**

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<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
<th>FDU ID#</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Male</th>
<th>Female</th>
<th>Cell Phone</th>
<th>Home Phone</th>
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<tr>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>Date Entering FDU</th>
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MENINGOCOCCAL MENINGITIS INFORMATION IS AVAILABLE AT:
http://www.cdc.gov/meningitis and at:

By signing below, I attest to have read and understood the information on the CDC and NJDH web-site. Further questions and/or concerns have been clarified by my HealthCare Provider listed below.

☐ I received the meningitis vaccine on: MM / DD / YYYY

Student Signature: __________________________________________ Date: MM / DD / YYYY

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*** NOTE: ONLINE STUDENTS ARE EXEMPT FROM THE REQUIREMENTS BELOW ***
AS PER NJ ADMINISTRATIVE CODE, TITLE 8, CHAPTER 57, SUBCHAPTER 6, THE FOLLOWING VACCINATIONS ARE REQUIRED OF ALL OFF-SITE FDU STUDENTS ENROLLED IN A PROGRAM LEADING TO A DEGREE

1. Measles, Mumps, Rubella Vaccination:
   Required for ALL graduate and undergraduate students born on or after 01/01/1957. Students born before 01/01/1957 need to submit proof of birth date.

   **FIRST MMR:** MM DD YYYY
   **SECOND MMR:** MM DD YYYY
   [On or after one year of age] [At least thirty days after first MMR]

   **OPTION:** Submit blood titers for Measles, Mumps and Rubella showing immunity. Blood titers must be accompanied by a lab report indicating a numerical value for the titer and a reference range.

2. Hepatitis B Vaccination:
   Required for ALL students taking 12 or more credits in one semester, regardless of birth date.

   **FIRST:** MM DD YYYY
   **SECOND:** MM DD YYYY
   **THIRD:** MM DD YYYY

   **OPTION:** Submit HBsAb blood titer showing immunity. Blood titers must be accompanied by a lab report indicating a numerical value for the titer and a reference range.

Medical Provider Signature: __________________________________________
Print Name: __________________________________________________________
Address: ______________________________________________________________
Phone Number: _________________________________________________________

Office Stamp or Provider License Number

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Rev. 7 v4.1.2020