

## Off-Site Student Immunization Record

\*\*FOR STUDENTS TAKING CLASSES ONLY AT A NON-METRO/FLORHAM CAMPUS LOCATION\*\*

## STUDENT HEALTH SERVICES Metropolitan Campus

1000 River Road, T-SU2-03 Teaneck, New Jersey 07666

Phone: (201) 692-2437 Fax: (201) 692-2642

Last Name	First Name	2	Middle Initi	al	FDU ID#
	Male Female (	)	(	)	
Date of Birth	Circle One	Cell Pl	none		Home Phone
Street Address	City	State	Zip Code	<del></del>	Date Entering FDU
http	CAL MENINGITIS INFORMAT	nd at:		classes:	ne location(s) you are attendir
https://www.nj.gov/healtl	h/cd/documents/topics/meningo	o/meningo requireme	nts highered.pdf		
	have read and understood the in r concerns have been clarified b				
☐ I received the men	ingitis vaccine on:MM	/ DD / YYYY	<u></u>	4	
tudent Signature:			Date:MM	/ DD /	YYYY
AS PER INJ ADIVITINI	STRATIVE CODE, TITLE 8,	CHAPTER 37, 30	DCHAPIENO, IF	IL FULLU	WING VACCINATIONS
	O OF ALL OFF-SITE FDU ST	UDENTS ENROLI	ED IN A PROGRA	AM LEADII	NG TO A DEGREE
Measles, Mumps,     Required for ALL g	O OF ALL OFF-SITE FDU ST Rubella Vaccination: raduate and undergraduate to submit proof of birth date	students born on			
1. Measles, Mumps, Required for ALL g 01/01/1957 need t FIRST MMR:	Rubella Vaccination: raduate and undergraduate to submit proof of birth date	e students born on	or after 01/01/19 COND MMR:	<b>57</b> . Studen	ts born <u>before</u>
1. Measles, Mumps, Required for ALL g 01/01/1957 need t FIRST MMR:	Rubella Vaccination: raduate and undergraduate	e students born on	or after 01/01/19 COND MMR:	<b>57</b> . Studen	ts born <u>before</u>
1. Measles, Mumps, Required for ALL g 01/01/1957 need t FIRST MMR:  [Or	Rubella Vaccination: raduate and undergraduate to submit proof of birth date MM DD YYYY	e students born on e. SEd nps and Rubella sh	or after 01/01/19 COND MMR:  M  [At least to bowing immunity. B	.57. Studen 	ts born <u>before</u> YYYY  ofter first MMR]
1. Measles, Mumps, Required for ALL g 01/01/1957 need t FIRST MMR:  [Or OPTION: Submit bl a lab report indicat	Rubella Vaccination: raduate and undergraduate to submit proof of birth date	e <b>students born on</b> e. <b>SE</b> o nps and Rubella sh e titer and a <u>refere</u>	or after 01/01/19 COND MMR:  M  [At least to bowing immunity. Be ince range.	Studen	ts born <u>before</u> YYYY  ofter first MMR]  must be accompanied b
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1. Measles, Mumps, Required for ALL groups of the second state of	Rubella Vaccination: raduate and undergraduate to submit proof of birth date  MM DD YYYY n or after one year of age] lood titers for Measles, Munting a numerical value for the tudents taking 12 or more control  The second Seco	e students born on e.  SECONDS and Rubella she titer and a reference redits in one seme MD:  MM DD  Immunity. Blood tite ange.	or after 01/01/19 COND MMR:  [At least to be be accompany or after one accompany or a must be a must be accompany or a must be accompany	JS7. Studen  D M DD  hirty days of the second states  birth date.  D: MM  Danied by a	ts born before  YYYY  ofter first MMR]  must be accompanied b  DD YYYY  lab report indicating a