



STUDENT HEALTH SERVICES
Metropolitan Campus
1000 River Road, T-SU2-03
Teaneck, New Jersey 07666
Phone: (201) 692-2437
Fax: (201) 692-2642

Dear Student,

The Student Health Services staff welcomes you to the University, and we offer our support in any way possible during your study at Fairleigh Dickinson University.

As all institutions of Higher Education have an obligation to ensure the public health of its students, we collect and review medical and immunization records for all matriculated FDU students. Your health care provider will need to complete the *Immunization Record* and *Physical Exam* forms included in the attached packet. The student is responsible to complete the *Student Profile*, *Medical History* and *Meningitis Response* forms.

DEPENDING ON WHAT TYPE OF STUDENT YOU ARE (RESIDENT, COMMUTER, NURSING, OFF-SITE), THERE ARE DIFFERENT REQUIREMENTS. PLEASE COMPLETE AND SUBMIT THE APPROPRIATE FORMS.

OFF-SITE STUDENTS: Students who are taking classes at an off-site location; <https://www.fdu.edu/campuses/off-campus-sites/> only need to submit the *Off-Site Student Immunization Record*. **If you are taking classes on the Metropolitan or Florham Campus and are not dorming in the Residence Halls do you classify as an Off-Site student.** Instead, you must submit the **COMMUTER** packet of forms.

Please understand that you will not be permitted to register for class until the health forms and immunization records are completed and received.

Required Medical Entrance Forms due:

- **Fall Semester: July 15th**
- **Spring Semester: December 15th**
- **Summer Semester: March 15th**

Medical records are an entrance requirement for all incoming students. Required entrance forms are available on our website: www.fdu.edu/shsmetro. Please **MAIL** your completed forms to the address listed on the top of this page.

Medical records are strictly confidential and are not part of the academic records. Medical records are used exclusively by Student Health Services Metro to provide personalized care. Any information on these records or concerning a visit to Student Health Services Metro will not be released without written permission from the individual treated. Immunization records are an exception and are not confidential since your immunization status must be made available to New Jersey State Inspectors and select University offices in order to comply with New Jersey State Law. We strongly recommend that you keep a copy of your immunization records.



Student Health Services
Metropolitan Campus

Off-Site Student Immunization Record

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

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Last Name	First Name	Middle Initial	FDU ID#
_____	_____	_____	_____
Date of Birth	Male Female Circle One	(____) - _____ (____) - _____	Home Phone
_____	_____	Cell Phone	_____
Street Address	City	State	Zip Code
_____	_____	_____	Date Entering FDU
MENINGOCOCCAL MENINGITIS INFORMATIONIS AVAILABLE AT: http://www.cdc.gov/meningitis and at: https://www.nj.gov/health/cd/documents/topics/meningo/meningo_requirements_highered.pdf			Please list the location(s) you are attending classes: 1. _____ 2. _____ 3. _____ 4. _____

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

***** 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: _____ **SECOND MMR:** _____
 MM DD YYYY 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: _____ **SECOND:** _____ **THIRD:** _____
 MM DD YYYY MM DD YYYY 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: _____	License Number OR Official Stamp of Medical Provider
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