

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.



**FAIRLEIGH
DICKINSON
UNIVERSITY**

Florham Campus

Off-Site Student Immunization Record

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

**THE WELLNESS CENTER
FLORHAM CAMPUS**
285 Madison Avenue M-WEO-01
Madison, New Jersey 07940
Phone: (973) 443-8535
Fax: (973) 443-8174

_____ Last Name	_____ First Name	_____ Middle Initial	_____ FDU ID#
_____ Date of Birth	Male Female Circle One	(_____) - _____ Cell Phone	(_____) - _____ Home Phone
_____ Street Address		_____ City	_____ State
_____ Zip Code		_____ Date Entering FDU	

MENINGOCOCCAL MENINGITIS INFORMATION IS AVAILABLE AT:

<http://www.cdc.gov/meningitis> and at:
https://www.nj.gov/health/cd/documents/topics/meningo/meningo_requirements_highered.pdf

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

Please list the location(s) you are attending classes:

1. _____
2. _____
3. _____
4. _____

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: ____ - ____ - ____
MM DD YYYY
[On or after one year of age]

SECOND MMR: ____ - ____ - ____
MM DD YYYY
[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