

Patient Name (print) _____ Date of Birth _____
 Seton Hall University ID number _____ Student Cell Phone _____
 Resident _____ Commuter _____ (please check)

IMMUNIZATION RECORD

REQUIRED for All Students Under the Age of 31 Years:

MEASLES, MUMPS AND RUBELLA: Provide documentation of two doses or laboratory proof of immunity.

OR → **M.M.R. (Measles, Mumps, Rubella combined)**

1. Dose 1 - Immunized **ON OR AFTER THE FIRST BIRTHDAY** _____ / ____ / ____

2. Dose 2 - Immunized at least one month after Dose 1 _____ / ____ / ____

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MEASLES

1. Dose 1 - Immunized **ON OR AFTER THE FIRST BIRTHDAY** _____ / ____ / ____

2. Dose 2 - Immunized at least one month after Dose 1 _____ / ____ / ____

RUBELLA

1. Immunized **ON OR AFTER THE FIRST BIRTHDAY** _____ / ____ / ____

2. Immunized at least one month after Dose 1 _____ / ____ / ____

MUMPS

1. Dose 1 - Immunized **ON OR AFTER THE FIRST BIRTHDAY** _____ / ____ / ____

2. Dose 2 - Immunized at least one month after Dose 1 _____ / ____ / ____

HEPATITIS B SERIES OR LABORATORY PROOF OF IMMUNITY (If enrolled for 12 or more credits)

(#1) ____ / ____ / ____ (#2) ____ / ____ / ____ (#3) ____ / ____ / ____

MENINGITIS (Required for incoming students living on campus-at least one dose at age 16 or older)

Check one: Menactra Menomune Menveo ____ / ____ / ____ Booster ____ / ____ / ____

TETANUS (Booster within the past ten years): Td ____ / ____ / ____ **OR** Tdap ____ / ____ / ____

RECOMMENDED BUT NOT REQUIRED:

POLIO (primary series completed): YES NO

HEPATITIS A: (#1) ____ / ____ / ____ (#2) ____ / ____ / ____

VARICELLA: (#1) ____ / ____ / ____ (#2) ____ / ____ / ____

HPV VACCINE: (#1) ____ / ____ / ____ (#2) ____ / ____ / ____ (#3) ____ / ____ / ____

MENINGITIS B (strongly recommended for students living on campus)

Check one: Bexsero Trumenba (#1) ____ / ____ / ____ (#2) ____ / ____ / ____ (#3) ____ / ____ / ____

HEALTH CARE PROVIDER (please print)

Name/Title _____
 Address _____
 Signature _____ Date _____ Phone (____) _____

Provider Stamp Required

