

# DREW

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last First Middle Month Day Year

## IMMUNIZATION RECORD

(To Be Completed by Student, reviewed and signed by Health Provider to minimize processing.  
 Immunization records are NOT confidential as required by law)

**Please complete and mail all completed, signed documents together in one envelope to:  
 DREW UNIVERSITY HEALTH SERVICES, 36 Madison Ave, Madison, NJ 09740.**

<b>REGISTRATION WILL BE WITHHELD UNTIL THIS INFORMATION IS COMPLETE AND RETURNED TO        DRWU UNIVERSITY HEALTH SERVICES</b>			
<b>REQUIRED MEASLES, MUMPS AND RUBELLA:</b> New Jersey State Law and Drew University requires that all students born after 1956 provide documentation of 2 doses of vaccine or laboratory proof of immunity to Measles, Mumps, and Rubella as a condition of attendance at the institution.			
Or ↓	→	FIRST dose given after 1968 and on or after 12 months of age; SECOND dose separated at least 28 days from first dose.  MMR #1 _____ / _____ / _____ MMR #2 _____ / _____ / _____ <small>Month Day Year Month Day Year</small>	<b>OR</b>  Lab Tests (see below) ↓
MEASLES: TWO doses of live vaccine administered after 1968 and on or after first birthday  Date dose #1 _____ / _____ / _____ Date dose #2 _____ / _____ / _____ <small>Month Day Year Month Day Year</small>		<b>OR</b>	Measles (Rubeola) Virus IgG Antibody test demonstrating immunity. Copy of laboratory report including range must be attached.
MUMPS: ONE dose of live vaccine administered after 1968 and on or after first birthday  Date dose #1 _____ / _____ / _____ <small>Month Day Year</small>		<b>OR</b>	Mumps Virus IgG Antibody test demonstrating immunity. Copy of laboratory report including range must be attached.
RUBELLA: ONE dose of live vaccine administered on or after first birthday  Date dose #1 _____ / _____ / _____ <small>Month Day Year</small>		<b>OR</b>	Rubella Virus IgG Antibody test demonstrating immunity. Copy of laboratory report including range must be attached.

<b>REQUIRED HEPATITIS B:</b> All students enrolled in 12 or more credits per semester are required to have THREE doses of HepB vaccine.			
Date dose #1 _____ / _____ / _____	Date dose #2 _____ / _____ / _____	Date dose #3 _____ / _____ / _____	
<small>Month Day Year</small>	<small>Month Day Year</small>	<small>Month Day Year</small>	

<b>REQUIRED MENINGOCOCCAL MENINGITIS:</b> New Jersey State Law requires that all students RESIDING IN HOUSING receive Meningococcal A, C, Y, and W-135 Vaccine. Student will NOT be permitted entry to campus housing unless Health Services has received proof of vaccination. Accepted ONLY if administered less than 5 years ago.	
A, C, Y, W-135 vaccine #1 Date: _____ / _____ / _____ <small>Month Day Year</small>	A, C, Y, W-135 vaccine #2 Date: _____ / _____ / _____ <small>Month Day Year</small>

HEALTH CARE PROVIDER NAME, ADDRESS AND SIGNATURE REQUIRED BY NJ STATE LAW			
Name		Telephone	
Address		Fax	
Signature		Date	
			Stamp: