**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.**

**REGISTRATION WILL BE WITHHELD UNTIL THIS INFORMATION IS COMPLETE AND RETURNED TO DRU UNIVERSITY HEALTH SERVICES**

**REQUIRED MEASLES, MUMPS AND RUBELLA:** 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
  - 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: __/__/____
- MMR #1: __/__/____ MMR #2: __/__/____

**MUMPS:** One dose of live vaccine administered after 1968 and on or after first birthday
- Date dose #1: __/__/____

**RUBELLA:** One dose of live vaccine administered on or after first birthday
- Date dose #1: __/__/____

**REQUIRED HEPATITIS 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: __/__/____

**REQUIRED MENINGOCOCCAL MENINGITIS:** 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.

<table>
<thead>
<tr>
<th>A, C, Y, W-135 vaccine #1</th>
<th>A, C, Y, W-135 vaccine #2</th>
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<tr>
<td>Date: <strong>/</strong>/____</td>
<td>Date: <strong>/</strong>/____</td>
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**HEALTH CARE PROVIDER NAME, ADDRESS AND SIGNATURE REQUIRED BY NJ STATE LAW**

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<thead>
<tr>
<th>Name</th>
<th>Telephone</th>
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<tr>
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<td>Signature</td>
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