

**MONTCLAIR STATE STUDENT HEALTH CENTER**  
**INTERNATIONAL STUDENT IMMUNIZATION VERIFICATION FORM**

**STUDENT NAME** (Last, first): \_\_\_\_\_ **Date of birth:** \_\_\_\_\_

**CWID:** \_\_\_\_\_

**INSTRUCTIONS:** Your healthcare provider must complete, sign and stamp this form. It will become your reference & verification document. The MyHealth portal cannot read images. You must also type the dates into the portal's online immunization form. Scan & upload documents into the portal. Blood test results (titers) are accepted in lieu of immunization dates.

**MMR REQUIREMENT (Full-time and Part-time students) - Measles-Mumps-Rubella (MMR)**

MMR dose 1st date: \_\_\_\_\_ (date must be after first birthday)

MMR dose 2nd date : \_\_\_\_\_

**-OR-**

Individual Measles, Mumps, and Rubella Vaccines:

Measles 1st dose: \_\_\_\_\_ (date must be after first birthday)

Measles 2nd dose: \_\_\_\_\_

Mumps 1st dose: \_\_\_\_\_ (date must be after first birthday)

Mumps 2nd dose: \_\_\_\_\_

Rubella Single dose: \_\_\_\_\_ (date must be after first birthday)

**-OR-**

MMR Titers (Lab results must be positive or negative. Equivocal results not accepted.)

Measles lab date: \_\_\_\_\_ Result (circle one): POSITIVE NEGATIVE

Mumps lab date: \_\_\_\_\_ Result (circle one): POSITIVE NEGATIVE

Rubella lab date: \_\_\_\_\_ Result (circle one): POSITIVE NEGATIVE

**HEPATITIS B REQUIREMENT: (Full-time students)**

Date for dose 1: \_\_\_\_\_ Date for dose 2: \_\_\_\_\_ Date for dose 3: \_\_\_\_\_

Dose 2 = 4 wks after dose 1. Dose 3 = 16 wks after dose 1 + 8 wks after dose 2.

**-OR-**

HepB Titers: date \_\_\_\_\_ Result (circle one): POSITIVE NEGATIVE

**MENINGITIS REQUIREMENT (SeroGroup ACWY):**

Students **under 19yrs**, commuter & resident, 2nd Dose must be given after 16th birthday

Meningococcal ACWY Vaccine: Dose 1 \_\_\_\_\_ Dose 2 \_\_\_\_\_

Students **19yrs and older**, resident only One dose after 16th birthday Date: \_\_\_\_\_

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**STRONGLY RECOMMENDED (Not required)**

**COVID-19 (Residential students)** Manufacturer name: \_\_\_\_\_

Dose 1 \_\_\_\_\_ Dose 2 \_\_\_\_\_ Add'l doses \_\_\_\_\_

**Meningococcal B Vaccine:** Serogroup B - Bexsero

Date for dose 1: \_\_\_\_\_ Date for dose 2: \_\_\_\_\_

**Meningococcal B Vaccine:** Serogroup B - Trumenba (2 or 3 dose schedule)

Date for dose 1: \_\_\_\_\_ Date for dose 2: \_\_\_\_\_ Date for dose 3: \_\_\_\_\_

**Varicella (Chickenpox) Vaccine:**

Date of dose 1: \_\_\_\_\_ Date of dose 2: \_\_\_\_\_

**Tdap** (tetanus, diphtheria and pertussis) Vaccine (this is not the same as DTap):

Date of last Tdap dose: \_\_\_\_\_

**Td** (tetanus, diphtheria) Vaccine:

Date of last Td dose: \_\_\_\_\_

**Hepatitis A** (Hep A) Vaccine:

Date of dose 1: \_\_\_\_\_ Date of dose 2: \_\_\_\_\_

**Human Papilloma** (HPV) Vaccine: Manufacturer name: \_\_\_\_\_

Date of dose 1: \_\_\_\_\_ Date of dose 2: \_\_\_\_\_ Date of dose 3: \_\_\_\_\_

**Pneumococcal** Vaccine 13-Valent: Pneumococcal Vaccine 23-Valent:

Date of dose 1: \_\_\_\_\_ Date of dose 1: \_\_\_\_\_

**TST/PPD** (Mantoux): Date: \_\_\_\_\_ Reaction: \_\_\_\_\_ Negative \_\_\_\_\_ Positive  
\_\_\_\_\_ Induration \_\_\_\_\_ mm

**Chest X-ray:** Date: \_\_\_\_\_ Result: \_\_\_\_\_

**INH Therapy** Start Date: \_\_\_\_\_ Stop Date: \_\_\_\_\_

**HEALTHCARE PROVIDER**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Stamp: