

REQUIRED BY STATE STATUTE



**MONTCLAIR
STATE
UNIVERSITY**

A Center Of Knowledge, Centered on You.

STUDENTS WHO FAIL TO PROVIDE
PROOF OF HAVING RECEIVED A
MENINGITIS VACCINATION WILL NOT
RECEIVE A HOUSING ASSIGNMENT AND
WILL NOT BE PERMITTED TO MOVE IN
TO ANY CAMPUS RESIDENCE.

Health Center

Voice: 973-655-4361

Fax: 973-655-4159

NAME: _____ DATE OF BIRTH: _____ SS#: _____

YEAR OF ENTRY: _____ Freshman ► Transfer ► Graduate ►

MENINGITIS IMMUNIZATION INFORMATION

This information must be supplied by your Health Care Provider, your High School, former College/University, or any other authorized agency

This form does not replace the Immunization Information form required of all incoming students.

STATE IMMUNIZATION REQUIREMENT:

MENINGITIS: /____/____ **REQUIRED FOR ALL NEW MSU RESIDENT STUDENTS***

***All incoming freshmen, transfer students, graduate students, and returning students who did not live on campus in Academic Year 2004-2005.**

Printed Name of Health Care Provider (MD, NP, RN): _____

Signature of Provider: _____ Title: _____ Date: _____

Address: _____ Phone #: _____

Meningitis vaccine is available at the Health Center for a nominal fee by appointment only.

Keep a copy for your files.

To learn more about Meningitis and prevention, contact:

- Your family physician
- Health Center, Blanton Hall, 973-655-4361
- Visit MSU University Health and Counseling Services at: www.montclair.edu/wellness
- Visit the following related sites: The Centers for Disease Control: www.cdc.gov
American College Health Association: www.acha.org

MENINGITIS IMMUNIZATION REQUIREMENT: NJ State Law requires that all new students enrolled in a program of study leading to an academic degree at a public or private institution of higher education who reside in a campus residential facility receive a meningococcal vaccination as a condition of attendance at that institution. Proof of immunization is required prior to assigning students to a space. Therefore, the enclosed immunization form **must be completed and returned with your application.** This form is in ADDITION to the Immunization Form you received in your application packet.