

THE UNIVERSITY HEALTH CENTER

Dear Montclair State University Student:

Congratulations on your acceptance to Montclair State University! **Prior to attendance**, immunization information is needed to meet University and New Jersey state requirements, and to assist in protecting your health and others while on campus.

Required Immunizations

- **Measles, Mumps, and Rubella** – All students born after 1956 must provide vaccination documentation of the equivalent of two doses of measles, two doses of mumps and one dose of rubella vaccine. Laboratory blood tests that demonstrate immunity may be submitted in place of vaccination documentation.
- **Hepatitis B** – All incoming full time students must provide documentation of a completed series of vaccinations against Hepatitis B. Laboratory blood tests that demonstrate immunity may be submitted in place of vaccination documentation.
- **Meningitis** - All students who intend to live in University housing and have not resided on campus in the past year must show documentation of vaccination of one dose of meningococcal meningitis vaccine in addition to the other requirements. This requirement *does not apply* to non-resident students.

A request for exemption from these requirements due to religious beliefs may be submitted to the University Health Center. The request must be from the enrolled student if aged 18 or over and specifically state the religious doctrine that prohibits immunization.

Exemption from requirements for medical reasons should be submitted to the University Health Center in the form of a written statement from a healthcare provider indicating a specific immunization is contraindicated due to a valid medical condition.

Submission Instructions and Deadlines

Instructions and forms for documentation of immunizations may be obtained from our website at www.montclair.edu/health/hc/ . Your private healthcare provider must complete and sign all forms. Forms should be mailed directly to the University Health Center. **Do not** send with admissions, housing or financial aid paperwork or bring to New Student Orientation. Keep a copy for your records.

Deadlines:	Housing (Meningitis requirement)	July 1
	All other requirements	Fall Entry July 30
		Spring Entry January 2

Students who do not comply will have registration holds placed on their account until compliance is met. Students applying for University housing will be denied room assignments until documentation of meningitis immunization is received.

Mailing Address

Immunization forms/documentation must be mailed to:

Montclair State University, The University Health Center, Blanton Hall,
One Normal Avenue, Montclair, NJ 07043
Attention: Immunization Program

Additional information can be obtained from www.montclair.edu/health/hc/ or via email at askanurse@mail.montclair.edu. We look forward to assisting with all of your healthcare needs and extend our best wishes for a safe, healthy and successful experience at Montclair State University.

Welcome to Red Hawk Country!

THIS SECTION MUST BE COMPLETED, STAMPED AND SIGNED BY YOUR HEALTH CARE PROVIDER:

Name _____ Date of Birth _____ SS# _____ - _____ - _____ CWID# _____

A. ALL undergraduate and graduate students born after 1956:

1. MMR (Measles/Mumps/Rubella) vaccine – 2 doses required

DOSE #1 ___/___/___ (given on or after one year of age) DOSE #2 ___/___/___ (given at least 30 days after Dose #1)
M D Y M D Y

OR:

Measles (Rubeola) DOSE #1 ___/___/___ DOSE #2 ___/___/___ **OR** TITER/DATE ___/___/___
2 doses required M D Y M D Y M D Y

Mumps DOSE #1 ___/___/___ DOSE #2 ___/___/___ **OR** TITER/DATE ___/___/___
2 doses required M D Y M D Y M D Y

Rubella (German Measles) DOSE #1 ___/___/___ **OR** TITER/DATE ___/___/___
1 dose required M D Y M D Y

B. All full time students regardless of age:

Hepatitis B: 3 doses or any combination containing hepatitis B vaccine; or approved, age dependent, two dose adult regimen:

DOSE #1 ___/___/___ DOSE #2 ___/___/___ DOSE #3 ___/___/___ **OR** TITER/DATE ___/___/___
M D Y M D Y M D Y M D Y

A copy of laboratory report must be attached to this form if titer results are submitted as documentation.

C. ALL undergraduate or graduate students who intend to reside in University housing:

Meningococcal Meningitis Vaccination DATE ___/___/___
M D Y

HOUSING ASSIGNMENTS WILL NOT BE GIVEN UNTIL PROOF OF MENINGITIS IMMUNIZATION IS PROVIDED!

C. Documentation of other immunizations received prior to entry at Montclair State University (NOT REQUIRED):

Td ___/___/___ Tdap ___/___/___ Polio (IPV) Dose #1 ___/___/___ Dose #2 ___/___/___ Dose #3 ___/___/___ Booster ___/___/___
M D Y M D Y M D Y M D Y M D Y M D Y

Varicella Dose #1 ___/___/___ Dose #2 ___/___/___ Documented disease ___/___/___ Titer ___/___/___
M D Y M D Y M D Y M D Y

Hepatitis A: Dose #1 ___/___/___ Dose #2 ___/___/___ Dose #3 ___/___/___ Titer ___/___/___
M D Y M D Y M D Y M D Y

Pneumonia ___/___/___ Typhoid ___/___/___ Influenza ___/___/___
M D Y M D Y M D Y

HPV Dose #1 ___/___/___ Dose #2 ___/___/___ Dose #3 ___/___/___
M D Y M D Y M D Y

TST (Mantoux): Date ___/___/___ Reaction ___ Neg ___ Pos ___ mm
M D Y

Chest X-ray: Date: ___/___/___ Result: _____
M D Y

INH Therapy Start Date: ___/___/___ Stop Date: ___/___/___
M D Y M D Y

Signature of Health Care Provider

Date

Provider Stamp

KEEP A COPY OF THIS DOCUMENTATION FOR YOUR RECORDS!

THIS SECTION TO BE COMPLETED BY ALL STUDENTS

Name _____ SS# ____ - ____ - ____ CWID# _____

New Jersey statutes require that all students be informed about meningitis disease, the effectiveness of the vaccines and the availability of immunization. This information can be obtained by accessing www.montclair.edu and accessing the University Health Center website. Vaccine for meningococcal meningitis disease can be obtained through your private health care provider or at the University Health Center. After accessing this information please complete the following questionnaire and submit with immunization documentation:

I have previously received the meningitis vaccine _____

I have reviewed the information on meningitis and choose to not receive the vaccine _____

I have reviewed the information on meningitis and will receive the vaccine as a requirement for University housing _____

Student Signature

Date

DO NOT DOCUMENT PROOF OF VACCINATION FOR MENINGITIS ON THIS FORM

**THIS SECTION TO BE COMPLETED BY PARENT/GUARDIAN
OF ALL STUDENTS UNDER AGE 18**

Consent for medical treatment for students under age 18:

I hereby authorize the University Health Center at Montclair State University to render any treatment or medical, surgical, or psychological care deemed necessary to the health and safety of _____ and to facilitate ambulance transport to a nearby hospital in the case of a medical emergency.

Date _____

Student Name _____ Parent/Guardian Name _____

Student Social Security Number _____ Student CWID Number _____

Parent/Guardian Signature _____

Emergency Contact Information:

Name _____

Relationship _____

Daytime Telephone _____

Evening Telephone _____

Cell Phone Number _____