

PLEASE REVIEW THIS INFORMATION CAREFULLY AS THE LAWS HAVE CHANGED AS OF JUNE 2020.

THE FOLLOWING ARE CURRENTLY REQUIRED FOR ALL FULL TIME NEW JERSEY COLLEGE STUDENTS.

- Proof of immunization for Measles, Mumps, and Rubella, Hepatitis B, and Meningitis **OR** bloodwork proving immunity (titer) is acceptable in place of an immunization record.
- A history of having had the aforementioned diseases is **NOT** acceptable.
- High schools must retain student health records for 7 years after graduation, an easy way to obtain at no cost. Primary care providers, high schools, or students can fax records to **973-328-5163**.
- Visit Health Services webpage under Student Services for a fact-sheet detailing the requirements.

CCM follows the guidelines set forth for higher education by NJ Department of Health (NJDOH) in accordance with the Center for Disease Control (CDC) www.cdc.gov.

MMR:

OPTION 1

MEASELS, MUMPS, RUBELLA COMBINATION – 2 VACCINES ARE REQUIRED

OPTION 2

MEASELS ONLY – 2 VACCINES ARE REQUIRED

MUMPS ONLY – 1 VACCINE IS REQUIRED

RUBELLA ONLY (GERMAN MEASELS) – 1 VACCINE IS REQUIRED

HEPATITIS B:

OPTION 1

3 VACCINES ARE REQUIRED

OPTION 2

2 VACCINES --- ONLY IF RECOMBI-VAX GIVEN BETWEEN 11-15 YEARS OF AGE

MENINGITIS SERIES:

AS OF JUNE 15, 2020, ALL NEW INCOMING, FULL-TIME COLLEGE STUDENTS UNDER THE AGE OF 23 ARE REQUIRED UNDER STATE LAW TO COMPLETE A MENINGITIS SERIES. MORE INFORMATION CAN BE FOUND ON THE NEW JERSEY DEPARTMENT OF HEALTH WEBSITE WWW.NJ.GOV/HEALTH. FOR SPECIFIC DETAILS AS IT RELATES TO CCM, VISIT HEALTH SERVICES WEBPAGE OR EMAIL US AT HEALTH-SERVICES@CCM.EDU. THERE ARE 2 OPTIONS FOR MENINGITIS VACCINES WHICH ARE GIVEN ON DIFFERENT SCHEDULES DEPENDING ON OPTION 1 OR 2, BUT EITHER SERIES NEEDS TO BE COMPLETED BETWEEN THE AGES OF 11 THRU 23 TO BE IN COMPLIANCE WITH THE CDC GUIDELINES. IF YOU TURN 23 YEARS OF AGE IN FIRST SEMESTER AT CCM, YOU CAN DISREGARD THE SECTION.

HEALTH SERVICES USE ONLY
DATE RECEIVED _____
REVIEWED BY INITIAL _____

FIRST FULL-TIME SEMESTER **FALL OR SPRING / YEAR** _____

STUDENT _____ ID # _____
LAST NAME FIRST NAME MI

ADDRESS _____
STREET CITY STATE ZIP CODE

PHONE _____ DATE OF BIRTH ____/____/____

MEASELS MUMPS AND RUBELLA SERIES

OPTION 1

MMR #1 DATE _____ MMR #2 DATE _____

OPTION 2

MEASLES #1 DATE _____ MEASELS #2 DATE _____

MUMPS #1 DATE _____

RUBELLA (GERMAN MEASELS) #1 DATE _____

HEPATITIS B SERIES

OPTION 1

HEP B #1 DATE _____ HEPB #2 DATE _____

HEP B #3 DATE _____

OPTION 2 (RECOMI-VAX GIVEN BETWEEN 11-15 YEARS OF AGE)**

HEP B #1 DATE _____ HEP B #2 DATE _____

MENINGITIS SERIES

OPTION 1

MEN ACWY #1 DATE _____ MEN ACWY #2 DATE _____

OPTION 2

MEN B #1 DATE _____ MEN B #2 DATE _____

(THOSE WITH INCREASED HEALTH RISKS MAY REQUIRE A 3RD DOSE OF MEN B)

PHYSICIAN / OR OTHER HEALTH CARE PROVIDER (ONLY NECESSARY IF OFFICIAL COPY OF IMMUNIZATION RECORD IS NOT INCLUDED/ATTACHED)

PLEASE PRINT

NAME _____ ADDRESS _____

SIGNATURE _____ PHONE _____

PRINT LAST NAME, FIRST NAME, INITIAL