

Immunization Form

Due Dates: Incoming Fall & Summer Students - July 15th, Incoming Spring Students - December 15th

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Last Name Desai

First Name Deep

M.I. M Student ID# 916 277 683

Date of Birth: 09/27/1996 M / D / Y

IMMUNIZATIONS

REQUIRED FOR:

MEASLES, MUMPS, RUBELLA (MMR) - 2 doses of vaccine administered after 1968, on or after 12 months of age, and at least 28 days apart are required **OR** laboratory proof of immunity. Copy of Measles (Rubeola), Mumps, and Rubella Virus IgG Antibody laboratory titer report must be attached if submitting in lieu of immunization dates. **EQUIVICAL RESULTS NOT ACCEPTABLE.**

MMR Dose 1: <u>12/2/16</u> MMR Dose 2: <u>12/30/16</u>	OR	MEASLES: Dose 1: ___/___/___ Dose 2: ___/___/___	OR	ATTACH MEASLES IgG Titer Lab Report showing immunity	■ ALL STUDENTS born AFTER 1956
		MUMPS: Dose 1: ___/___/___ Dose 2: ___/___/___		ATTACH MUMPS IgG Titer Lab Report showing immunity	
		RUBELLA: Dose 1: ___/___/___ Dose 2: ___/___/___		ATTACH RUBELLA IgG Titer Lab Report showing immunity	

HEPATITIS B - In lieu of immunization dates a copy of a Hepatitis B laboratory titer report showing evidence of immunity may be submitted.

HEPATITIS B vaccine Dose 1: <u>12/err/17</u> Dose 2: ___/___/___ Dose 3: ___/___/___	HEPATITIS B vaccine - two dose regimen administered at age 11-15 years of age. Dose 1: <u>12/2/16</u> Dose 2: <u>12/30/16</u>	HEPATITIS A and B combined Dose 1: ___/___/___ Dose 2: ___/___/___ Dose 3: ___/___/___	HEPATITIS B IgG Titer Lab Report showing immunity	■ SELECT START ■ ALL FULL-TIME STUDENTS - taking 12 or more credit hours ■ ALL ATHLETES
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MENINGOCOCCAL MENINGITIS VACCINATION - administered on or after 16th birthday or within 5 years of the start of classes. Must include Groups A, C, Y, W-135. **BOOSTER DOSE required** if meningococcal vaccination administered more than 5 years prior to the start of classes.

MENINGOCOCCAL of A, C, Y, W-135 Dose 1: ___/___/___ Dose 2: ___/___/___	MENINGOCOCCAL of B (Highly Recommended) Dose 1: ___/___/___ Dose 3: ___/___/___ Dose 2: ___/___/___	■ ALL STUDENTS RESIDING IN CAMPUS HOUSING - must be received prior to move-in ■ ALL ATHLETES & ASCEND
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TETANUS - Booster in the last 10 years.

Tdap Dose: ___/___/___	Td Dose: ___/___/___	TT Dose: ___/___/___	■ ALL ATHLETES
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In addition to the above immunizations the following are highly recommended.

Varicella Dose 1: ___/___/___ Dose 2: ___/___/___	Hepatitis A Dose 1: ___/___/___ Dose 2: ___/___/___	Pneumococcal Dose: ___/___/___	Polio Dose: ___/___/___	HPV Dose 1: ___/___/___ Dose 2: ___/___/___ Dose 3: ___/___/___
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Physician/PA/NP Address: <u>Kimberly Gena 300 New Jersey Ave Wildwood, NJ</u>
Phone: _____ Fax: _____
Physician/PA/NP Signature: <u>[Signature]</u> Date: <u>2/7/18</u>