



1000 Morris Ave. Union, NJ 07083
 Downs Hall, Room 126
 Tel: (908) 737-4880
 To submit this form, go to kean.studenthealthportal.com

IMMUNIZATION FORM

(PLEASE PRINT)

| | | | | | | | |
|---------------------------------------------------------------------------------------------------------------|--|-------------------|--|---------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------|--|
| Last Name: | | First Name, M.I.: | | Kean Student ID # or SS #: | | Date of Birth: | |
| Kean e-mail: | | | | Cell Phone: | | Housing Student: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Are you a full time student? <input type="checkbox"/> Yes <input type="checkbox"/> No (12 credits or more) | | | | First Semester at KU? <input type="checkbox"/> Fall or <input type="checkbox"/> Spring What year? _____ | | | |
| | | | | Are you in the International Studies program? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

Measles, Mumps, and Rubella (MMR): Required for all students born after 12/31/56.

MMR (two-dose series): Dose #1 ___/___/___
 (Must be on or after 1st birthday & after 12/31/67)

MMR: Dose #2 ___/___/___
 (Must be at least 30 days after 1st dose)

OR Measles Dose #1: ___/___/___ Measles Dose #2: ___/___/___ Mumps : ___/___/___ Rubella: ___/___/___

OR If MMR vaccination records are not available, you may take a blood test (MMR Antibodies, IgG) to prove immunity. A copy of the laboratory report is required. Please note, if non-immune, the state requires you to receive the appropriate vaccinations.

Hepatitis B: Required for all new students registered for 12 or more credits.

Hepatitis B (three-dose series): Dose #1: ___/___/___ Dose #2: ___/___/___ Dose #3: ___/___/___

OR Hepatitis B (two-dose series): Dose #1: ___/___/___ Dose #2: ___/___/___ (valid if given ages 11-15)

OR If hepatitis B vaccination records are not available, you may take a blood test (Hepatitis B Surface Antibodies) to prove immunity. A copy of the laboratory report is required. Please note, if non-immune, the state requires you to receive the appropriate vaccinations.

Meningococcal: New residents are required to submit meningococcal vaccination (one dose since age 16) prior to check-in.

REQUIRED FOR HOUSING: Meningococcal of A,C,Y,W-135: Dose #1: ___/___/___

Tuberculosis Testing: Students within the International Studies program are required to submit Tb test results within the last six months (PPD, Mantoux)

Tuberculosis test: Administer Date: ___/___/___ Result Date : ___/___/___ Result: _____ mm

Circle One: + Positive - Negative NOTE: Positive results require documentation of a recent chest x-ray.

Healthcare Provider Information

| | |
|----------------------------------------|-------------------|
| Healthcare Provider's Stamp: | Print Name: _____ |
| | Address: _____ |
| Healthcare Provider's Signature: _____ | Tel.#: _____ |



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MENINGITIS SURVEY RESPONSE FORM (Only required for Housing Students)

New Jersey State law requires that colleges provide incoming students with information about meningitis infection and available vaccinations. In providing this information we want our Kean students and parents to have the most up to date information regarding this devastating disease and methods of prevention.

The Disease

Meningococcal meningitis is a bacterial infection that can have sudden onset and strike otherwise healthy people, it can cause permanent disability and death. Although it is rare, teens and young adults age 16 to 23 are at increased risk. College students who live and work in close proximity to each other are at particularly high risk. The infection can attack the lining of the brain and spinal cord and the bloodstream and cause flu like symptoms, which can make diagnosis difficult. Common symptoms are: confusion, fatigue, rash of dark purple spots, sensitivity to light, stiff neck, nausea, vomiting, headache and high fever. The disease strikes about 3,000 Americans yearly and 10-15% of cases are fatal.

Immunization

The best way to protect yourself is to get vaccinated. Currently two different type of meningitis vaccines are available. The first vaccine protects against four strains of meningococcal bacteria known as A,C,Y, W-135 (Menactra and Menveo and Menomune). The Advisory Committee on Immunization Practices (ACIP) recommends two doses for all adolescents. The first dose is typically given at 11 or 12 years old. Because the vaccine wanes in effectiveness a booster is recommended at age 16 so the adolescent has continued protection when they are at highest risk. **All housing student must submit proof of the meningitis A,C,Y,W-135 vaccination to the Student Health Services prior to housing check in. Students will not be allowed to check into housing without proper documentation on file or on their person. One dose must have been administered on or after the 16th birthday. Student Health Services will sponsor a vaccine day at move-in. Individuals can receive required vaccines on that day but are responsible for the cost of the vaccines.**

A second vaccine protects against Meningitis type B. This vaccine is not yet mandatory however there have been outbreaks and individual cases of meningitis type B on college campuses in recent years. Teens and young adults **may** be vaccinated with the serogroup B vaccine (Bexsero or Trumenba). In June of 2015 the ACIP recommended that given the seriousness of meningococcal disease the and the availability of a licensed vaccine, individuals are encouraged to consult with their healthcare provider regarding administration of this vaccine.

If you have more questions regarding vaccine recommendations you can visit our web site kean.edu/immunizations or call us at (908) 737-4880. You can also visit the Center for Disease Control website at cdc.gov/meningococcal/vaccine-info.html or American College Health Association website at acha.org.

I, Student Name _____, Kean ID# _____ have read the above information about meningitis, the effectiveness of the vaccine and its availability. I understand that the meningitis vaccine is required prior to checking into university sponsored housing. I understand that Kean University contracts with an outside vendor to administer the vaccine at a cost to the student and that the University can direct students to healthcare providers who supply the vaccine.

Signature (required): _____ Date: _____

For students under the age of 18, parental consent (signature) required: _____

I intend to move into university sponsored housing and below my provider has provided meningitis vaccine documentation:

Meningococcal of A,C,Y,W-135: One dose required since age 16. Dose #1: ___/___/___ Dose #2: ___/___/___

(Optional) Meningococcal of B Dose #1: ___/___/___ Dose #2: ___/___/___ Dose #3: ___/___/___

Healthcare Provider Information

| | |
|--------------------------------------------------------------------------------|--------------------------------------------------------------|
| Healthcare Provider's Stamp: Healthcare Provider's Signature: _____ | Print Name: _____ Address: _____ _____ Tel.#: _____ |
|--------------------------------------------------------------------------------|--------------------------------------------------------------|