



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.#: _____