



Meningococcal Vaccine Form

Student Name: _____ **Date of Birth:** _____

(Last) (First)

UMDNJ School: GSBS NJDS NJMS SHRP SN SPH OTHER

MENINGOCOCCAL VACCINATION IS REQUIRED FOR ALL STUDENTS RESIDING IN THE UNIVERSITY RESIDENCE HALL:

- The State of New Jersey requires that all students residing in a campus dormitory (residence hall) receive a meningococcal vaccination as a condition of attendance at that institution
- UMDNJ policy states that, “Students residing in University student housing must receive or have proof of having received one dose of meningococcal vaccine.”
- The Centers for Disease Control (CDC) recommend routine vaccination for persons age 19-55 who are at increased risk for meningococcal disease, such as students living in dormitories.

		For office use only	
<u>Meningococcal vaccination</u>	<u>Date given</u>	<u>review #1</u>	<u>review #2</u>
(MCV4) tetravalent conjugate, (Menactra™) One dose required	____/____/____ <small>mm dd yy</small>		

Healthcare provider information:

Print Name _____

Address _____

Phone _____

Signature _____

Date _____

Return form to:
 Celia Dorantes Abalos, JD
 UMDNJ/Office on Housing
 65 Bergen Street, Ste 1441
 Newark, NJ 07101
 973-972-5048 (Fax)