



Immunization Record

Registrar's Office
 1 College Hill Rd, Newton, NJ 07860
 registrar@sussex.edu

PART 1: To be completed by the student.

Last Name:		First Name:		MI:	Maiden/Former Name:	
Street Address:				City:	State:	Zip Code:
SCCC ID:	DOB:	Phone #:	Student Email: @student.sussex.edu			

PART 2: To be completed and signed by a licensed health care provider.

Vaccine	Date Dose #1	Date Dose #2	Date Dose #3	O R	Date of Immune Titer Test
MMR (Measles, Mumps, Rubella) 2 Doses Required or Immune Titer <small>(All doses of MMR, given singly or in combination, must be given after 1 year of age and at least one month apart. MMR requirement is only for those born in 1957 or later.)</small>			N/A		
OR					
Measles <small>(2 Doses Required or Immune Titer)</small>			N/A		
Mumps <small>(1 Dose Required or Immune Titer)</small>		N/A	N/A		
Rubella <small>(1 Dose Required or Immune Titer)</small>		N/A	N/A		
AND					
Hepatitis B <small>(3 Doses Required or Immune Titer)</small>					
Meningococcal ACWY (2 Doses Required or at least one (1) dose since age 16)			N/A		N/A
Meningococcal B <small>(not required but some students may have received and should be noted)</small>			N/A		N/A

Health Care Provider Information:

Name (please print):			
Street Address:			
City:	State:	Zip Code:	Phone:
Signature:			Date:

Registrar Office Use Only

Missing Immunizations (Check One)	None:	MMR:	Hep B:	Men:
Date Entered:	Staff Initial:	Date Student Notified of Missing Immunizations:		