



Revised  
01/10/11

MAIL OR FAX TO: UMDNJ – Student Health Services  
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**IMMUNIZATION RECORD (CONTINUED)**

Name \_\_\_\_\_  
Last First

Cell # \_\_\_\_\_

**H. Hepatitis B**

At least two of three doses are required prior to the start of school:

Dose #1 M / D / Y      Dose #2 M / D / Y      Dose #3 M / D / Y

Health Services  
Only

H

**I. Hepatitis B Surface Antibody Titer – Titer must be QUANTITATIVE not qualitative  
Required 1–2 months after dose #3 (attach lab report).....**

M / D / Y

I

J and K are required, regardless of vaccination history

**J. Hepatitis B Core antibody must be IgG or Total (attach lab report).....**

M / D / Y

**K. Hepatitis B Surface antigen (attach lab report).....**

M / D / Y

K

If K is positive, must include L

**L. Hepatitis Be antigen (HBeAg) (attach lab report).....**

M / D / Y

L

L required only if K is positive

**M. Meningococcal vaccine (required for UMDNJ housing application processing)**

M / D / Y

M

**N. Complete Meningococcal Meningitis Response Form (separate form,-attach)**

N

**O. Health History & Physical (attach UMDNJ FORM).....**

M / D / Y

O


**HEALTH CARE PROVIDER (must be completed):**

Print Name \_\_\_\_\_ Address \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Fax ( ) \_\_\_\_\_


