Berkeley College®

NEW YORK • NEW JERSEY • ONLINE

International Student Immunization Form

Name _____ Date of Birth ____ /____ /_____
Month/Day/Year

Please print and complete this form by hand and enter all dates in Month/Day/Year format.
State laws require postsecondary students to show protection against measles, mumps, and rubella. PLEASE NOTE: MMR vaccine is recommended for all measles vaccine doses to provide increased protection against all three vaccine-preventable diseases: measles, mumps, and rubella.

REQUIRED: Measles (Rubeola) – Must be after first birthday. Complete ONE of the following:
1. Two dates of measles immunization: Dose 1: ____ /____ /____ Dose 2: ____ /____ /____
2. Date of measles titer: ____ /____ /____ Results must be attached
3. Date of physician-diagnosed measles disease: ____ /____ /____ and signature_____

REQUIRED: Mumps – Must be after first birthday. Complete ONE of the following:
1. Date of at least one mumps immunization: Dose 1: ____ /____ /____ Dose 2: ____ /____ /____
2. Date of mumps titer: ____ /____ /____ Results must be attached
3. Date of physician-diagnosed mumps disease: ____ /____ /____ and signature_____

REQUIRED: Rubella (German measles) – Must be after first birthday. Complete ONE of the following:
1. Date of at least one rubella immunization: Dose 1: ____ /____ /____ Dose 2: ____ /____ /____
2. Date of rubella titer: ____ /____ /____ Results must be attached
3. Date of physician-diagnosed rubella disease: ____ /____ /____ and signature_____

REQUIRED: Meningococcal Meningitis – All students MUST complete eForm for State of study:
1. If studying in the State of New York, complete the New York Meningitis eForm.
2. If studying in the State of New Jersey, complete the New Jersey Meningitis eForm.
3. If applicable, date of meningitis immunization (New Jersey students only): ____ /____ /____

REQUIRED IF STUDYING IN NEW JERSEY ONLY: Hepatitis B – Complete ONE of the following:
1. Three doses or any combination containing Hepatitis B vaccine; or approved, age-dependent, two-dose adult regimen:
   Dose 1: ____ /____ /____ Dose 2: ____ /____ /____ Dose 3: ____ /____ /____
2. Date of Hepatitis B titer: ____ /____ /____ Results must be attached

EXEMPTION: New Jersey students age 31+ are exempt from MMR and Hepatitis B requirements.

Health Practitioner Stamp and Signature _____ Date ____ /____ /____
Must include address and telephone number Month/Day/Year

Email completed form to International@BerkeleyCollege.edu.

3 EAST 43RD STREET, NEW YORK, NY 10017