



IMMUNIZATION RECORD FOR ALL INCOMING STUDENTS

Please print clearly. All information is confidential.

Form with fields: Last name, First name, Gender, Date of birth, Student ID, Session, Major(s) / Minor(s), Class, Campus, Status.

Health requirements for all students upon entering:

- 1. Health History Form
2. (TDAP) Tetanus, Diphtheria & acellular Pertussis Vaccine
3. (MMR) Measles, Mumps, Rubella Vaccine- 2 doses with at least one since 1980 or proof of immunity with titers for MMR.
4. Hepatitis B Vaccine - Series of 3 shots
5. Meningococcal Vaccine or Waiver Form (Residents Only)

Other recommended immunizations for all students:

Meningococcal (Meningitis) Vaccine, Varicella Vaccine Series (if no proof of disease), Hepatitis A Vaccine Series and Seasonal Influenza Vaccine

MMR (Measles, Mumps, Rubella) Vaccine form with #1 Date and #2 Date fields.

TDAP (Tetanus, Diphtheria, & acellular Pertussis) Vaccine form with Date field.

Hepatitis B Vaccine form with #1 Date, #2 Date, and #3 Date fields.

Meningococcal Vaccine form with Date field.

Varicella (Chickenpox) Vaccine form with #1 Date and #2 Date fields.

Hepatitis A Vaccine form with #1 Date and #2 Date fields.

PLEASE MAKE A PERSONAL COPY OF ALL RECORDS BEFORE SENDING.

Return completed form in a sealed envelope labeled "Attention: AJU Nurse" to the Student Health Center
American Jewish University
15600 Mulholland Drive
Los Angeles, CA 90077