

Princeton Theological Seminary Immunization Record Form

Dear Student,

All students, including international students, are required to comply with State of New Jersey and Princeton Theological Seminary immunization laws and standards to complete registration. Every student must be immunized against the following: Measles, Mumps and Rubella, Hepatitis B, Meningitis, Tetanus Diphtheria and Pertussis and have a Tuberculin Skin Test (PPD/ Mantoux).

According to New Jersey state mandate, the Seminary may not allow you to register until a complete immunization history is on file.

Please complete attached forms (A and B) and return them using listed instructions. **Please do not submit your forms until you have met all vaccination and testing requirements.** If you are in need of a vaccination or Tuberculin Skin Test and do not have a personal Physician, please contact Princeton HealthCare System Occupational Health at 609.853.7474 for pricing and arrange for an appointment.

Please refer to the “Frequently Asked Question” form (attached) for additional instructions. You may also contact Occupational Health by email at occupationalhealth@princetonhcs.org or phone 609.853.7474.

Thank you.

Sincerely,

Princeton HealthCare System Occupational Health

Princeton Theological Seminary Immunization Record Form Frequently Asked Questions (FAQ)

- 1Q. Can I submit my immunization record form if I have not met all vaccination requirements?
1A. Please do not send your form until you meet all vaccination requirements.
- 2Q. I submitted my immunization record form to Occupational Health. How long will it take to process my forms and forward my clearance to Princeton Theological Seminary?
2A. Clearance is submitted to Princeton Theological Seminary within one (1) week of submitting your forms. Expect longer if you have not submitted pending immunizations needed for clearance.
- 3Q. I do not have a Physician. Who can complete my immunization record form?
3A. Immunization records must be signed by a Physician or a Nurse. Please contact a local Medical office or Community Health Center/ Clinic for assistance.
- 4Q. I do not have insurance. What options do I have?
4A. Please contact a Community Health Center/ Clinic where services are provided to those who are uninsured or underinsured.
- 5Q. Can I contact Occupational Health for my immunization record clearance status?
5A. Please do not contact Occupational Health for your status. Occupational Health contacts you when our Physician completes review of your forms. You will be notified by Occupational Health if additional immunizations are required for clearance. Your status is provided to Princeton Theological Seminary at timeframe listed above.
- 6Q. I recently started the Hepatitis B vaccination series. Can I register for classes?
6A. Yes, please submit proof of your first Hepatitis B vaccination with your immunization record form. Once you complete the series of three vaccinations, please forward your vaccination series record to Occupational Health for your file.
- 7Q. I do not have my immunization records. Can I register for classes?
7A. No, it is a State of New Jersey law that all students comply with immunization requirements. Please contact a local Medical office or Community Health Center/ Clinic for assistance.
- 8Q. My immunization records do not include a Vaccine Lot or Manufacturer Number. Will this delay my clearance?
8A. Occupational Health requests Vaccine Lot and Manufacturer Numbers but it will not delay clearance. Please submit a completed immunization record form with a Physician or Nurse's signature.
- 9Q. My immunization record form is complete. Can I email it to Occupational Health for review?
9A. Yes, please email your completed form to: occupationalhealth@princetonhcs.org. You may also mail it using the address provided.

Princeton Theological Seminary Immunization Record Form (A)

Today's Date: _____

Student's Name: _____
Last First Middle

Date of Birth: _____ Sex: Male _____ Female _____

Home Address: _____

City, State, Zip, Country: _____

Phone Number: _____

E-mail Address: _____

Students: you are responsible for ensuring a Physician or Nurse completes all information. **The Immunization Record Form is not valid if not signed by a physician or nurse.** Please do not return this form until immunizations are complete including TB Skin Test Reading.

Physician or Nurse: carefully complete immunization sections and sign, date, and stamp the bottom of Immunization Record Form (B).

Attention Students
Please email completed Forms A and B to email address:
occupationalhealth@princetonhcs.org

Or mail them to:
Princeton HealthCare System Occupational Health
Medical Arts Pavilion
5 Plainsboro Road, Suite 570
Plainsboro, N.J. 08536
Attention: Katie Dajczak, RN

Please refer to the "Frequently Asked Question" form for additional instructions.
You may also call 609.853.7474.

Student Name: _____
Date of Birth: _____

For Occupational Health Official Use Only

Completed on: _____
Needs: _____
Physician Signature: _____

Princeton Theological Seminary Immunization Record Form (B)

Type of Vaccination	Date Given (mo/day/yr)	Lot #	Mfr.
Tetanus, Diphtheria, Pertussis			
Tetanus, Diphtheria, Pertussis			
Hepatitis B*			
First dose			
Second dose			
Third dose			
Fourth dose (if received)			
Measles, Mumps, Rubella* # 1			
MMR #1			
-or-			
Measles #1			
Mumps #1			
Rubella #1			
Measles, Mumps, Rubella* # 2			
MMR #2 or			
-or-			
Measles #2			
Mumps #2			
Rubella #2			
Meningitis			
Meningitis			

Titers* (in lieu of vaccination record, provide copy of lab report)	
Type of Titer	Date Given (mo/day/yr)
Hepatitis B	
Measles	
Mumps	
Rubella	

TB Skin Test (required) (must be performed within 1-year)	Date Given (mo/day/yr)	Date Read (mo/day/yr)	Result (mm)	Chest X-ray (if positive TB skin test)
PPD				

Clinician Information – REQUIRED

Date: _____ / _____ / _____

Physician / Nurse Name (please print) _____

Physician / Nurse Signature (REQUIRED) _____

Address: _____

Phone: _____ Fax: _____

Office Stamp Required: