



Princeton Theological Seminary

Dear Student,

All students, including international students, are required to comply with New Jersey State and Princeton Theological Seminary immunization laws and standards in order to complete registration. Every student must be immunized against the following: Measles, Mumps and Rubella, Hepatitis B, Meningococcal, Tetanus, Diphtheria and Pertussis, COVID-19, and have a Tuberculin Test reading (PPD).

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

Please complete the attached form and return using listed instructions. Please do **not** send the form until you have met all vaccination and testing requirements. If you are in need of a vaccination or a PPD, and do not have a personal Physician, please contact Occupational Health at 609.853.7474 for pricing and appointments.

Please contact our office at pmph-occupationalhealth@pennmedicine.upenn.edu or by phone 609.853.7474 with questions. Thank you.

Sincerely,

Penn Medicine Princeton Medical Center Occupational Health



**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: _____

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

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. When forms are complete, email or mail to addresses below.

Email address for completed Immunization Record Forms:

pmph-occupationalhealth@penmedicine.upenn.edu

Mailing address for completed Immunization Record Forms:

Penn Medicine Princeton Medical Center Occupational Health
Medical Arts Pavilion
5 Plainsboro Road, Suite 570
Plainsboro, N.J. 08536
Attention: Katie Dajczak, RN

For questions: please call 609.853.7474



For Occupational Health Official Use Only

Completed on: _____
 Needs: _____
 Physician Signature: _____

Student Name: _____
 Date of Birth: _____

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			
COVID-19			
First dose			
Second dose			
Third dose			

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 (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:**