

# Middlesex County College Immunization Payment Record

Student Name \_\_\_\_\_

Student ID# \_\_\_\_\_

Date \_\_\_\_\_

Immunizations Required: (circle all that apply)

MMR          \$60.00          \_\_\_\_\_

PPD          \$ 5.00          \_\_\_\_\_

HEP B        \$42.00        each          \_\_\_\_\_

TET          \$20.00          \_\_\_\_\_

TOTAL AMOUNT PAID                      \$ \_\_\_\_\_

\_\_\_\_\_  
Bursar's Office Stamp