

Immunization Record Form

Return to Admission Office

Last Name

First Name

Middle Initial

Social Security #

Date of Birth

Student ID#

HEALTHCARE PROVIDER'S CERTIFICATION

If you received Measles, Mumps, and Rubella (MMR) and are 30 years of age or less the State of New Jersey (N.J.A.C.18A:61D-1 to 10) requires every graduate and undergraduate student who is enrolled full-time or part-time in a program or course of study leading to an academic degree, to submit a valid immunization record which documents the administration of all required vaccinations, two injections of Measles, Mumps and Rubella (MMR) to be given 30 days apart, and the Hepatitis B vaccine given in a series of three doses within 9 months of attendance as a condition of continued attendance at that institution, in accordance with regulations promulgated by the State Department of Health.

Vaccine	Date of 1st Dose	Date of 2nd Dose	Date of 3rd Dose
Measles			N/A
Mumps			N/A
Rubella			N/A
MMR			N/A
Hepatitis B			

Physician's or
School stamp
HERE

OR please provide a documented laboratory proof of a MMR titer or a Hepatitis B titer if no date is recorded for immunizations.

MMR Titer	Date
Hepatitis B titer	Date

I certify the above-named student has received measles, mumps, rubella and Hepatitis B Vaccines as described above.

The dates indicate when the immunizations were given.

Health Care Provider TYPE NAME

Health Care Provider SIGNATURE

DATE

EXEMPTIONS

1. Non-Medical

A) If you are 30 years of age or older by the Add/Drop Period of your first term, completion of the Immunization Form is not required.

B) Religious A written signed statement from the student, explaining how the administration of an immunizing agent conflicts with the student's religious beliefs; except that a general philosophical or moral objection to the vaccine shall not be sufficient for exemption on religious grounds.

2) Medical

A written signed statement from a physician stating that immunization is medically contraindicated for a specific period of time (the expiration date for the period must be stated and failing to be immunized thereafter will preclude further enrollment), and setting forth the reason(s) for the medical contraindication, based upon valid medical practices as enumerated by the most recent recommendations of the Advisory Committee on Immunization practices of the United States Public Health Service (USPHS)

** A student with a medical or religious exemption may be temporarily excluded from classes and from participation in institution-sponsored activities during a vaccine-preventable outbreak or threatened outbreak. This decision shall be made by the institution consultation with the NJ State Commissioner of Health or his/her designee. This exclusion shall continue until the outbreak is over. In addition, the College is not responsible if the student contracts measles, mumps or rubella.*