



Immunization Record Form

New Jersey State law (N.J.A.C.18A:61D-1 to 10) requires every student who is enrolled full time in a program 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 nine months of attendance, as a condition of continued attendance at that institution, in accordance with regulations promulgated by the State Department of Health.

Instructions for Completing Immunization Form: Please have your physician complete the required information or provide a copy of health records signed by a physician.

Please check below, if the following exemption criteria pertains to you:

- You were born before 1957. Proof of birth date (a copy of driver’s license, passport or birth certificate) **must** accompany this form.
- Religious exemption. You **must** provide a written signed statement explaining how the administration of an immunizing agent conflicts with your religious beliefs
- Medical exemption. You are exempt if you present 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.

If exempt, this form must be submitted back to the RCSJ Campus of Choice, Office of Admissions. Please attach proof of medical or non-medical exemption.

Mail or deliver this entire form to the RCSJ Campus of Choice, Office of Admissions, prior to the beginning of the semester.

Student Name (Last, First, Middle Initial)		Student Identification Number (A#) _____	
Telephone Number		DOB	Last 4 Digits of SS#
Vaccine	Date of 1 st Dose	Date of 2 nd Dose	Date of 3 rd Dose
MMR			n/a
Measles			n/a
Mumps			n/a
Rubella			n/a
Hepatitis B Series			
—OR— provide 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	
<p>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.</p> <p>Name of Healthcare Provider (<i>print</i>) _____</p> <p>Signature of Healthcare Provider _____ Date _____</p>			

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Nearby Clinics:

Walgreens	FamCare, Inc.	Gloucester County Health Department
1408 Delsea Drive Deptford, NJ 08096	711 North Main Street Glassboro, NJ 08028 Telephone: 888-794-1235	204 East Holly Ave Sewell, NJ 08080 Telephone: 856-218-4100 Wednesday 3–4:30 p.m. Free Clinic — Walk-ins
590 Cross Keys Road Sicklerville, NJ 08081	Monday 11:30–6:30 p.m. Tuesday 9:30–4:30 p.m. Wednesday 11:30–6:30 p.m. Friday 8:30–3:30 p.m. By Appointment Only!	1000 N. Delaware Street Paulsboro, NJ 08066 Telephone: 856-423-6027 1 st and 3 rd Tuesdays 4–5:30 p.m. Free Clinic — Walk-ins