

Immunization Records Form

New Jersey State Law (N.J.S.A. 18A:62-15.1) requires that a new student enrolling in a public or private institution of higher education shall have received immunization for meningococcal disease as recommended by the Advisory Committee on Immunization Practices (ACIP) as a condition of attendance. Students must present evidence of the vaccination(s) required.

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 your 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 a 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
Meningococcal			n/a
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, or a Meningococcal titer if no date is recorded for immunizations.			
Meningococcal Titer	Date		
MMR Titer	Date		
Hepatitis B Titer	Date		

If you need to receive any of the listed immunizations, please contact your primary care physician, local pharmacy (Walgreens, CVS), or your home county health department for immunization options.

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.

Name of Healthcare Provider (print) _____

Signature of Healthcare Provider _____ **Date** _____