



**IMMUNIZATION RECORD FORM**  
 (Return to Student Health Center, MAC 112)

\_\_\_\_\_  
 Last Name                      First Name                      Middle Initial

\_\_\_\_\_  
 Social Security Number                      Date of Birth                      Student ID#

**HEALTH CARE PROVIDER'S CERTIFICATION**

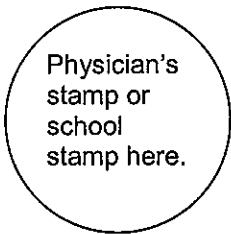
The vaccine: If you received the live measles, mumps, and rubella vaccine, singly or in combination (MMR) a) after 1968, AND b) on or after the first birthday, AND c) a second MMR vaccination no less than one month after the first dose. The Hepatitis B vaccine is given in a series of three doses. The first and second dose must be given one month apart. The second and third dose must be given five months apart.

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			

OR

Please 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



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                      Health Care Provider                      Date  
 (Please type or print name)                      (Signature)

**EXEMPTIONS**

**1. Non-Medical**

A) You were born before 1957      Proof is required to accompany this form; a copy of your driver's license, Passport, or birth certificate.

B) Religious      A written signed statement from the student, explaining how the administration of an immunizing agent conflicts with the student's religious beliefs.

**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 reasons 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 in 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.*