

## **NEW JERSEY VACCINATION FORM**

New Jersey law requires that all students attending four-year colleges and universities provide evidence of having received the following vaccinations: 2 doses of live measles vaccine that was administered after 1968; 1 dose of live mumps vaccine; 1 dose of live rubella vaccine; and 3 doses of Hepatitis B vaccine (the Hepatitis B vaccine is required for students enrolled in 18 or more credit hours per quarter.)

If you received regular childhood immunizations, you may have received all of these vaccinations already. You may obtain copies of your immunization records from the doctor or agency that administered the immunizations or, possibly from the elementary or secondary school you attended. If you do not have any record of your vaccinations, your current doctor may test you for immunity to these diseases.

You do not need to comply with this requirement if any of the following apply to you: you are over the age of 30; you have a medical condition that prevents you from receiving vaccinations; or you have a religious objection to vaccinations.

## PLEASE COMPLETE THIS FORM AND RETURN IT TO THE ADMISSIONS OFFICE WITHIN 60 DAYS OF ENROLLMENT.

Student Name			Student ID Number	Date of Birth
RECORD OF IMMU	NIZATION			
		egories listed below,	please have your doctor	complete the following
information OR provid	e copies of an offic	cial school immunizat	ion record or public hea	Ith department immunization
record.				
New Jersey			Date of Third Dose	OR Student has laboratory
Required Vaccinations	Date of First	Date of Second	Bute of Third Bose	evidence of immunity to this
oquired + ucciniumons	Dose	Dose		disease (please initial)
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Iumps Vaccination				
ubella Vaccination				
epatitis B (req. for 18				
r more quarter credit				
ours)				
(1) must have been administe	ered after 1968			
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Signature of Doctor	Completing this F	Form	Date	
Signature of Doctor	Completing this F	Form	Date	
Signature of Doctor of Printed Name of Doc			Date Phone Number	er
Printed Name of Doo				er
Printed Name of Doo	ctor Completing t	his Form	Phone Number	
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