

## 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 IMMUNIZATION**

Unless you meet one of the exemption categories listed below, please have your doctor complete the following information OR provide copies of an official school immunization record or public health department immunization record.

New Jersey Required Vaccinations	Date of First Dose	Date of Second Dose	Date of Third Dose	OR Student has laboratory evidence of immunity to this disease (please initial)
Measles Vaccination (1)				
Mumps Vaccination				
Rubella Vaccination				
Hepatitis B (req. for 18 or more quarter credit hours)				

(1) must have been administered after 1968

\_\_\_\_\_  
 Signature of Doctor Completing this Form

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Printed Name of Doctor Completing this Form

\_\_\_\_\_  
 Phone Number

**AGE EXEMPTION**

I am over the age of 30 and am not subject to New Jersey's MMR vaccination requirements.

**MEDICAL EXEMPTION (to be completed by your doctor)**

Please indicate on the back of this form or on an attached page the reasons that immunization is medically contraindicated for this student and the specific period of time that the student should not be immunized.

**RELIGIOUS EXEMPTION (to be completed by the student)**

New Jersey law requires that students objecting to vaccination requirements on religious grounds write a statement indicating why receiving vaccinations conflicts with their religious beliefs. If you have a religious objection, please write your reason on the reverse side of this form or on an attached page.

**CERTIFICATION (all students to sign)**

I certify that the above information is true and correct to the best of my knowledge. I understand that if I have not received immunizations due to medical or religious grounds, I may be temporarily excluded from classes and from participating in Strayer University-sponsored activities during a vaccine-preventable disease outbreak or threatened outbreak.

\_\_\_\_\_  
 Student Signature

\_\_\_\_\_  
 Date