



ID# _____

400 Paramus Road Room HS100
The Center for Health, Wellness
And Personal Counseling
Paramus, NJ 07652-1595
Phone (201) 447-9257 Fax (201)447-0327
Form submission link:

<https://lf.bergen.edu/forms/hs0002>

healthservices@bergen.edu

Immunization HOLD form

Bergen Community College requires that **ALL** students part-time and full-time, to submit a valid MMR (Measles, Mumps, Rubella) record OR laboratory proof of immunity, based on N.J.S.A. 18A:61D-1 and Meningococcal vaccination beginning June 2020. (N.J.S.A. 18A:62-15.1). Full-time students (12 credits or more per semester) must also submit a valid record of Hepatitis B series or proof of immunity to Hepatitis B. Exemptions to this requirement are described at the lower portion of this form. Students can return the documents to the link provided above.

_____/_____/_____
(Print) Last Name First Student ID#

_____/_____/_____/_____
Address City State Zip Code

_____/_____/_____
Telephone Home Work Date of birth

Please indicate immunization with a date. If an immunization is not given for medical reasons, please see the bottom of this form. Exemptions to these requirements are described at the lower portion of this form. Return this form along with **medical records or lab reports. If titer/test are negative vaccination(s) would be required.**

Vaccine	Mo/Day/Yr.	Blood test/titer (if applicable)
MMR#1 (age 1yr or older)	_____	
MMR#2 (30 days after #1)	_____	
Measles	_____	OR Measles IgG: _____ Date: _____
Mumps	_____	OR Mumps IgG: _____ Date: _____
Rubella	_____	OR Rubella IgG: _____ Date: _____
Hepatitis B Vaccine	1. _____ 2. _____ 3. _____	OR HepB surface antibody titer or anti-HBs titer. If titers/tests are negative, students must be vaccinated.
MenACWY or Men ABCWY	Dose 1. _____ Dose 2. _____	

Exemptions:

- A. NO exemptions permitted for Health Professions Students.
- B. NO exemptions for Hepatitis B series
- C. Birth Date before 1990 for Meningococcal: Date of Birth: _____ Student Signature _____
- D. Birthdate before 1957 for MMR: Date of Birth: _____ Student Signature _____
- E. Medical Exemption: Physician statement as to why you cannot have MMR, Meningococcal or Hepatitis B series at this time. Date when vaccine can be given: _____

Signature: Health Care Professional/Physician: _____ Date: _____

Health Care Address & STAMP: _____

ID# _____

C. Religious Exemption: You must submit a signed statement as to how immunizations affect religious beliefs.
(Please complete the statement below on this form.)

Religious Exemption Statement:

Signature

/Date

DOCUMENTS ACCEPTED AS EVIDENCE OF IMMUNIZATION:

The following documents shall be accepted as evidence of student's immunization history provided that the type of immunization and the date when each immunization was administered is listed:

1. An official school immunization record or copy from any primary or secondary school indicating compliance with the immunization requirements set forth at the N.J.A.C.8:57-6.3 or
2. A record from any public health department indicating compliance with the immunization requirement set forth at N.J.A.C. 8:57-6.3 or
3. This form or an official record signed by physician licensed to practice medicine or osteopathy in any jurisdiction of the United States or in any foreign country, or any other licensed health professional approved by the New Jersey Department of Health which indicates compliance with the immunization requirements set forth at N.J.A.C. 8:57-6.3.