



ID# _____

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

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. **First semester students must return form via link sent by email** and continuing students return by emailing information to healthservices@bergen.edu

_____/_____/_____ M/F _____
(Print) Last Name First Social Security#/ID#

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

_____/_____/_____ Date of birth
Telephone Home Work

Please indicate immunization with a date. If an immunization is not given for medical reasons, please see 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 immune or non-immune.

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/test are negative, student must be vaccinated.
Meningococcal at age 11yrs. old - 18yrs. old	Dose 1. _____ Dose 2. _____	
Meningococcal at age 19yrs.-old – 23 yrs. old.	1. Dose _____	

Exemptions:

- A. NO exemptions permitted for Health Professions Students.
- B. NO exemptions for Hepatitis B series
- C. Birthdate 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: _____

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C. Religious Exemption: You must submit a signed statement as to how immunizations affect religious beliefs.
(Please complete 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.