

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 statement below on this form.)

Religious Exemption Statement:

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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.