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

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. **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#		
Address	City	State	Zip Code		
		<i></i> /			
Telephone Home	Work	Date of birth			
	irements are desc	cribed at the lower portion	r medical reasons, please see botto on of this form. Return this form alo		
Vaccine Mo/Day	γ/Yr.	В	ood 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 i					
Meningococcal at age 11yrs. old	- 18yrs. old Dose	1Dose	2		
Meningococcal at age 19yrsold					
Exemptions:					
A. NO exemptions permitt	ed for Health Prof	essions Students.			
B. NO exemptions for Hep	atitis B series				
C. Birthdate before 1990 for	C. Birthdate before 1990 for Meningococal: Date of Birth:Student Signature				
D. Birthdate before 1957 for	D. Birthdate before 1957 for MMR: Date of Birth:Student Signature				
	rsician statement a	as to why you cannot hav	ve MMR, Meningococcal or Hepatitis	s B series	
Signature: Health Care F	Signature: Health Care Professional/Physician: Health Care Address & STAMP:		Date:		

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

ID# \_\_\_\_\_

## DOCUMENTS ACCEPTED AS EVIDENCE OF IMMUNIZAITON:

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 coy from any primary or secondary school indication 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 osteophathy 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.

Rev. 02/2022