OFFICE OF REGISTRATION & RECORDS
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Toms River, NJ 08754-2001
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TTY & VOICE RELAY 711

IMMUNIZATION RECORD FORM

Student ID_____

Name _____
Last First MI

In accordance with New Jersey law, all new on-campus students **30 years of age or younger** carrying 12 or more credits are required to submit a record of immunization against Meningococcal disease, Measles, Mumps, Rubella, and Hepatitis B or indicate exemption due to medical or religious beliefs.

This section to be filled out by a certified Health Care Provider (MD, DO, or APN)			
Vaccine	**Date of 1st Dose**	**Date of 2nd Dose**	**Date of 3rd Dose**
MenB (Meningococcal disease)		N/A	N/A
MenACWY (Meningococcal disease)			N/A
Measles			N/A
Mumps			N/A
Rubella			N/A
MMR			N/A
Hepatitis B			

OR please provide a documented laboratory proof of a MMR Titer or a Hepatitis B Titer if no date is recorded for immunizations.

MMR(Measles, Mumps, Rubella) Titer	Date
Hepatitis B Titer	Date

OR check and complete fully the below medical exemption

☐ Immunization of this patient is medically contraindicated for a specific period of time from _____ to _____ (the expiration date for the period must be stated).

Indicate the reason(s) for the medical contraindication, based upon valid medical practices as enumerated by the most recent recommendations of the Advisory Committee on Immunization Practices of the United States Public Health Service (USPHS):

_____

I certify the above information.

_____
Health Care Provider Name

_____ _____
Health Care Provider Signature Date

Religious Exemption

Indicate how the administration of an immunizing agent conflicts with your religious beliefs:

_____

_____ _____
Student or Parent/Legal Guardian Signature Date

Please email the completed form to regforms@ocean.edu