

IMMUNIZATION INFORMATION

Must be supplied by your Health Care Provider, your High School, former College/University, or other authorized agency

NAME: _____ STUDENT ID#: _____ DATE OF BIRTH ____/____/____

SEX: __ M __ F

STATE IMMUNIZATION REQUIREMENTS:

MMR- 1 Dose; Measles Booster or 2nd MMR; Hepatitis B (full series)

Dates

MMR1: ____/____/____ MMR 2: ____/____/____

MEASLES 1: ____/____/____ MEASLES 2: ____/____/____

MUMPS 1: ____/____/____ RUBELLA 1: ____/____/____

HEPATITIS B: ____/____/____

MEASLES SEROLOGY: ____/____/____ TITER: ____/____/____

RUBELLA SEROLOGY: ____/____/____ TITER: ____/____/____

MUMPS SEROLOGY: ____/____/____ TITER: ____/____/____

BLOOD TESTS proving immunity to Measles, Mumps, Rubella and Hepatitis B – ATTACH COPY OF LAB RESULTS (please note that a positive result indicates immunity due to vaccination or recovery from an infection)

Printed Name of Health Care Provider (MD, NP, RN): _____

Signature of Provider: _____ Title: _____ Date: ____/____/____

Address: _____ Phone: _____

EXEMPTIONS FOR IMMUNIZATION

- ✓ **Age Exemption:**
Born prior to January 1, 1957: attach copy of birth certificate (*Does not apply to Hepatitis B*)
- ✓ **Religious Exemption:**
Attach letter from accredited religious leader of your church or religious institute
- ✓ **Medical Exemption**
Physician’s statement explaining why you cannot be immunized
- ✓ **Immune Status (Measles, Mumps antibody, Rubella titers and Hepatitis B)**
Laboratory blood results showing level of immunity.

Return your completed Immunization Record to: **Hudson County Community College, Enrollment Services**
70 Sip Avenue, Jersey City, NJ 07306