



OFFICE OF REGISTRATION & RECORDS
Ocean County College
College Drive • P.O. Box 2001
Toms River, NJ 08754
phone 732.255.0304 • fax 732.864.3849

IMMUNIZATION RECORD FORM

Student ID: _____

Name: _____
Last First Middle Initial

In accordance with New Jersey law, all new on-campus students carrying 12 or more credits are required to submit a record of immunization against 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
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 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 e-mail the completed form to regforms@ocean.edu