Dear WCCC Student:

New Jersey state law requires that all full-time degree-seeking students be immunized or provide proof of exemption for the following:

- **TWO** doses of live measles-containing vaccine
- **ONE** dose of live mumps virus vaccine
- **ONE** dose live rubella virus vaccine
- **ONE** dose of Hepatitis B vaccine

The attached form lists the exemptions and proof required. For those who are not exempt, please have your physician sign the Certificate of Immunization.

1. Submit the required proof of immunization exemptions to the Student Services Office.

   - **OR**

2. If you are **NOT** exempt, submit this Certificate of Immunization form signed by a physician.

If you have any questions, please call the Student Services Office at (908) 835-2300. Thank you for your prompt attention to this matter.

Sincerely,

Jeremy L. Beeler
Vice President of Student Services
CERTIFICATE OF IMMUNIZATION

The New Jersey Department of Health requires all first-time, full-time, degree-seeking students be immunized or provide proof of exemption for the following: two doses of measles-containing vaccine, one dose of live mumps virus vaccine, one dose of live rubella virus vaccine, and one dose of Hepatitis B vaccine. If you are not exempt, please have your physician complete and sign this form.

Social Security #: School ID: ______________________________________________________

Name: ___________________________________________ ___________  ___________  ___________

LAST FIRST M.I.

MEASLES VIRUS VACCINE: Immunized by **TWO** doses of live measles-containing vaccine, or any vaccine combination containing live measles vaccine, that was administered after 1968. The first dose shall have been administered on or after the student’s first birthday and the second dose shall have been administered no less than one month after the first dose. A student vaccinated with a killed measles-containing vaccine, or unknown vaccine prior to 1968, shall be revaccinated or produce laboratory proof of measles immunity.

MUMPS VIRUS VACCINE: Immunized by **ONE** dose of live mumps virus, or vaccine combination containing live mumps virus vaccine, that was administered after 1968. The vaccine shall have been administered on or after the student’s first birthday.

RUBELLA VACCINE: Immunized by **ONE** dose of live rubella virus vaccine, or any vaccine combination containing live rubella virus vaccine. The vaccine shall have been administered on or after the student’s first birthday.

HEPATITIS B VACCINE: Immunized by **ONE** dose of live Hepatitis B vaccine.

The above named student must have received the immunizations listed above to be matriculated at a New Jersey college. By signing the form you are certifying that the required immunizations have been met, and/or have noted below all contraindicated vaccines with the dates after which they can be administered.

<table>
<thead>
<tr>
<th>Contraindicated Vaccine</th>
<th>Return Date</th>
<th>Contraindicated Vaccine</th>
<th>Return Date</th>
<th>Contraindicated Vaccine</th>
<th>Return Date</th>
</tr>
</thead>
</table>

PHYSICIAN’S SIGNATURE ___________________________        DATE ___________________________

EXEMPTION CRITERIA
(Submit Proof to the Student Service Office)

**EXEMPTION**
A) Born Prior to 1957 (MMR only)  **PROOF**
Copy of driver’s license or birth certificate

B) Religious Belief
Written statement explaining how immunizations conflict with the student’s religious beliefs, signed by a religious official and student

C) Medical Contraindications
(See Certificate of Immunization Above)

Revised 2/12/2018