



Hudson County Community College
Office of Enrollment Services
70 Sip Ave, Jersey City, NJ 07306

Date Rec'd: _____
Staff Initials: _____
 Immunized Waiver

IMMUNIZATION FORM

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

PLEASE NOTE: Students will not be allowed to register for courses until this form has been completed and all required documentation has been received.

Date _____ Student ID # _____

Name (FIRST) _____ (LAST) _____

Gender Male Female

Student Status (Check one):

U.S. Citizen Permanent Resident International

Birth date (MM/DD/YYYY) ____/____/____

Address _____

Phone: _____ (cell/home/work)

Email: _____

STATE IMMUNIZATION REQUIREMENTS: (MMR I,II, HEP B, MenACWY)

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: ____/____/____

Meningococcal ACWY MenACWY ____/____/____

Dose 1: ____/____/____

Dose 2: ____/____/____

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 MMR and HEP B 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:** Signed 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** or email it to admissions@hccc.edu.

What you need to know about Meningitis

What is Meningococcal Meningitis? Meningococcal disease is a serious bacterial illness. It is a leading cause of bacterial meningitis in children 2 through 18 years old in the United States. Meningitis is an infection of the fluid surrounding the brain and spinal cord. Meningococcal disease also causes blood infections. About 1,000-2,600 people get meningococcal disease each year in the U.S. Even when they are treated with antibiotics, 10-15% of these people die. Of those who survive, another 11-19% lose their arms or legs, become deaf, have problems with their nervous systems, become mentally retarded, or suffer seizures or strokes.

Who is at risk? Anyone can get meningococcal disease, but it is most common in infants less than one year of age and people with certain medical conditions, such as lack of a spleen. College students who live on-campus and teenagers 15-19 have increased risk of getting meningococcal disease.

How is it spread? Meningococcal meningitis is spread through the air via respiratory secretions or close contact with an affected person. This can include coughing, sneezing, kissing or sharing items like utensils, cigarettes and drinking glasses

WHAT YOU NEED TO KNOW ABOUT THE MENINGOCOCCAL MENINGITIS VACCINE

There are two kinds of meningococcal vaccine in the U.S.:

Meningococcal conjugate vaccine (MCV4) and Meningococcal polysaccharide vaccines (MPSV4)

Both vaccines can prevent 4 types of meningococcal disease, including 2 of the 3 types most common in the United States and a type that causes epidemics in Africa. Meningococcal vaccines cannot prevent all types of the disease. But they do protect many people who might become sick if they didn't get the vaccine. Both vaccines work well, and protect about 90% of people who get them.

Want more information? To find out more about Meningococcal disease, your vaccines, who should not get the meningococcal vaccine, and the risks of the vaccine, contact your doctor or nurse, call local or state health departments or contact the Center for Disease Control Prevention (www.cdc.gov/vaccines)

What is acceptable evidence of vaccination?

Listed below are the acceptable forms of evidence a student may use to submit to the institution. The documentation must be in English, state the name and other information sufficient to identify the individual who received the required vaccination, state the month, date and year the required vaccine was administered.

A. A statement provided by physician or other health care provider authorized by law to administer the required Vaccine. The statement must include the name, address, signature or stamp, state of licensure and license number of the physician or other healthcare provider who administered the required vaccination; or of the public health official who administered the required vaccination.

B. An official immunization record generated from the state or local health authority.

C. An official record received directly from a New Jersey school official, or a school official in another state.

Local Healthcare Provider Offering HCCC Required Immunizations:

<i>Name</i>	<i>Location</i>	<i>Telephone Number</i>	<i>Hours</i>	<i>Information</i>
<i>Metropolitan Family Center</i>	935 Garfield Avenue Jersey City, NJ 07087	201-478-5800	M-F 8:30AM-3:30PM	No appointment needed Sliding Scale: Income