

New Jersey Department of Health
Vaccine Preventable Disease Program
P.O. Box 369
Trenton, NJ 08625-0369

ANNUAL COLLEGE IMMUNIZATION STATUS REPORT

*Complete and submit this annual status report by February 1 for the Fall of the respective academic year.
Forward to the address listed above.*

Name of Institution of Higher Education	Report Year
Address	Total University/College Fall Enrollment (head count)
Town/Municipality	Zip Code
Name and Title of Person(s) responsible for implementing immunization requirements	Telephone Number
Title and Name of Person(s) responsible for maintaining immunization records	Telephone Number

A. MEASLES, MUMPS, AND RUBELLA REQUIREMENT

a. Number of incoming students:	a. total	
b. Number of incoming students in non-degree status not subject to the MMR regulation:	b. minus	
c. Number of incoming students born before 1957 not subject to the MMR regulation:	c. minus	
d. For 2-year colleges ONLY : Number of incoming students with less than 12 credit hours not subject to the MMR regulation:	d. minus	
e. Number of students subject to the MMR regulation [a – (b + c + d) = e]:	e. balance	

Number of students meeting the MMR* Requirement	Number of students with Provisional Status	Number of students with Medical Exemptions	Number of students with Religious Exemptions

** For incoming students, two doses of a measles-containing vaccine, preferably MMR given on or after the first birthday separated by at least one month or laboratory evidence of immunity to these diseases.*

1. Does your institution offer immunization services for MMR vaccine through your own student health center or contract with another organization?

☐ Own ☐ Contracted ☐ Do not offer immunizations

Name of contracting organization (if applicable):

2. Does your institution require any additional immunizations other than two doses of measles, and one dose of mumps and rubella vaccines?

☐ Yes ☐ No

If "Yes," specify vaccines and the number of doses required below:

ANNUAL COLLEGE IMMUNIZATION STATUS REPORT (CONTINUED)

B. MENINGOCOCCAL MENINGITIS EDUCATION AND VACCINATION REQUIREMENT (4-YEAR INSTITUTIONS ONLY)

Number of new students provided Meningococcal Information	Number of students' responses collected by, or returned to, the college	Number of student responses indicating previous vaccination	Number of new students first vaccinated by college/student health services

NOTE: The section below applies to **ONLY** New Students living in a campus dormitory:

Number of new students residing in a Campus Dormitory for the first time in Fall.	Number of new students meeting the Meningococcal Vaccination Requirement	Number of students with Provisional Status	Number of students with Medical Exemptions	Number of students with Religious Exemptions

Does your institution offer Meningococcal vaccination services through its own student health service or contract with another organization?

☐ Own ☐ Contracted ☐ Do not offer this vaccine ☐ Refer

Name of contracting organization (if applicable):

C. HEPATITIS B VACCINE REQUIREMENT (NEW STUDENTS WITH 12 OR MORE CREDIT HOURS)

Number of new students (with 12 or more credit hours) subject to the Hepatitis B Requirement	Number of new students meeting the Hepatitis B Requirement	Number of students with Provisional Status	Number of student with Medical Exemptions	Number of students with Religious Exemptions

Does your institution offer Hepatitis B vaccination services through its own student health service or contract with another organization?

☐ Own ☐ Contracted ☐ Do not offer this vaccine ☐ Refer

Name of contracting organization (if applicable):

Name or Person Reporting/Submitting Report	Title	
Signature	Telephone Number	Date Submitted