

# The Wellness Center

DIVISION OF STUDENT AFFAIRS

Dear Student:

Congratulations and welcome to Stockton University!

Prior to class registration and housing assignments, all matriculated full and part-time undergraduate and graduate students must provide immunization information to meet the University and New Jersey state requirements. Compliance with these requirements is mandatory in order to begin the process of attending the University.

### **Required Immunizations:**

- Measles, Mumps, and Rubella: All students must provide vaccination documentation of two doses of measles, one dose of mumps and one dose of rubella vaccine given on or after the student's first birthday. Two MMRs will be accepted.
- Hepatitis B: All incoming students must provide documentation of a completed series of three vaccinations or the two dose adolescent series (must specify Recombivax and been given between ages 11-15) against Hepatitis B.

### **Residential Students:**

- Meningitis: All students who intend to live in University housing must show documentation of one dose of the meningococcal vaccine after age 10 in addition to measles, mumps, rubella, and Hepatitis B requirements.

Requests for religious exemption from these requirements must be submitted to the Office of Health Services. A written request must be attached to the *Request for Medical or Religious Exemption from Vaccination Requirements* form and must be written by the enrolled student if aged 18 or over and specifically state the religious doctrine that prohibits immunization. Stockton University reserves the right to approve or decline the exemption request.

Requests for medical exemption should be submitted to the Office of Health Services as a written statement from the student's healthcare provider indicating the vaccine that is contraindicated and the specific medical condition and must be attached to the *Request for Medical or Religious Exemption from Vaccination Requirements* form. Stockton University reserves the right to approve or decline the exemption request.

Failure to comply with the requirements listed will prevent registration for classes and/or housing eligibility.

Deadlines:

### **Fall Entry:**

*General Requirements:* June 1

*Residential Requirements:* June 1

### **Spring Entry:**

Two weeks after acceptance of enrollment and/or housing deposit submission

Immunization forms/documentation must be mailed to the address below or faxed to 609.626.5586. Keep a copy for your records. Do not submit forms to any other department.

Stockton University  
Attn: Office of Health Services, WQ108  
101 Vera King Farris Drive  
Galloway, NJ 08205

Forms and additional information can be obtained at [www.stockton.edu](http://www.stockton.edu) or via email at [wellctr@stockton.edu](mailto:wellctr@stockton.edu).

We look forward to assisting with your healthcare needs and extend our best wishes for a safe, healthy and successful experience at Stockton University.



## NEW JERSEY STATE LAW

This law requires that all undergraduate and graduate students 30 years old and younger, enrolled in a program of study leading to an academic degree, must provide the University with proof of having received two doses of measles vaccine and at least one dose of mumps and rubella vaccine, either separately or as a combined MMR vaccination, and the Hepatitis B vaccination series or laboratory proof of immunity to each of these infections. Students must get this information from their health care provider.

All students enrolled in a program of study leading to an academic degree at a public or private institution of higher education who resides in a campus residential facility, regardless of age, must receive a meningococcal vaccination as a condition of residence at that institution.

All incoming students must be provided with information about Meningitis and the availability and benefits of the meningitis vaccine. All incoming students must complete and return the attached survey.

Meningococcal disease is a potentially fatal bacterial infection commonly referred to as meningitis. Cases of meningitis among teens and young adults 15 to 24 years of age have more than doubled since 1991. The disease strikes about 3,000 Americans each year and claims about 300 lives. Between 100 and 125 meningitis cases occur on college campuses and as many as 15 students will die from the disease. A vaccine is available that protects against four types of the bacteria that cause meningitis in the United States – types A, C, Y and W-135. These types account for nearly two thirds of the meningitis cases among college students. For more information about bacterial meningitis and the meningitis vaccine, contact Health Services at (609) 652-4701 or consult your private health care provider. You can also find information about meningitis and the vaccine at [www.acha.org](http://www.acha.org) and [www.cdc.gov/meningitis](http://www.cdc.gov/meningitis).

*A registration hold will be placed on your account if you fail to provide appropriate documentation of immunity to measles, mumps, rubella and Hepatitis B. This hold will prevent any registration activity until it is removed. Students who want to live in campus housing must provide proof of having received a meningococcal vaccination in order to receive your key to move in to your campus housing.*

**Mail or Fax Immunization Information Form to:**

Stockton University  
Attn: Office of Health Services, WQ108  
101 Vera King Farris Drive  
Galloway, NJ 08205  
Tel: 609.652.4701  
Fax: 609.626.5586

Please see form on reverse side

**KEEP A COPY OF THIS FORM FOR YOUR FILES**

**Incoming Semester (please circle)**

**REQUIRED BY STATE STATUTE**

FALL SPRING yr\_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Z# \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**REQUIRED IMMUNIZATIONS:** The following immunizations are required for students 30 years of age and younger, but strongly recommended for all students, regardless of age. All documentation must be provided in English or include a notarized translation.

**Measles, Mumps, and Rubella: Complete one option below**

OPTION 1

OPTION 2

MMR 1 \_\_\_/\_\_\_/\_\_\_

MEASLES 1 \_\_\_/\_\_\_/\_\_\_

MEASLES 2 \_\_\_/\_\_\_/\_\_\_

MMR 2 \_\_\_/\_\_\_/\_\_\_

RUBELLA \_\_\_/\_\_\_/\_\_\_

MUMPS \_\_\_/\_\_\_/\_\_\_

OPTION 3

Blood tests proving immunity to measles, mumps, and rubella – *A copy of the lab slip showing immunity must be attached*

**Hepatitis B: Complete one option below**

OPTION 1: 3 Dose Series

1. \_\_\_/\_\_\_/\_\_\_

2. \_\_\_/\_\_\_/\_\_\_

3. \_\_\_/\_\_\_/\_\_\_

OPTION 2: 2 Dose Series of Recombivax (must be received between 11 and 15 years of age)

1. \_\_\_/\_\_\_/\_\_\_

2. \_\_\_/\_\_\_/\_\_\_

OPTION 3

Blood test proving immunity to Hepatitis B – *A copy of the lab slip showing immunity must be attached*

**RESIDENTIAL STUDENTS: Required for all residential students (recommended within last five years)**

MENINGOCOCCAL \_\_\_/\_\_\_/\_\_\_ Circle type given: Menactra Menomune Menveo Other: \_\_\_\_\_

**RECOMMENDED IMMUNIZATIONS:** The following immunizations are not required but are strongly recommended for all students, regardless of age.

TETANUS \_\_\_/\_\_\_/\_\_\_ (within the last 10 years)

VARICELLA (Chickenpox) 1. \_\_\_/\_\_\_/\_\_\_ 2. \_\_\_/\_\_\_/\_\_\_ Or Disease \_\_\_/\_\_\_/\_\_\_

MANTOUX TEST (within the last 2 years)

Date given: \_\_\_/\_\_\_/\_\_\_ Date Read: \_\_\_/\_\_\_/\_\_\_ Reaction: Negative Positive \_\_\_\_\_ mm

If positive, Date of X-Ray \_\_\_/\_\_\_/\_\_\_ *Attach copy of report*

Printed Name of Health Care Provider (MD, NPO, RN) \_\_\_\_\_

Signature of Provider \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Provider Stamp Required

# REQUIRED BY STATE STATUTE

## IMMUNIZATION INFORMATION

### MENINGITIS SURVEY

**Incoming Semester (please circle)**

FALL    SPRING    yr \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Z# \_\_\_\_\_

New Jersey statutes require that all students be informed about meningitis disease, the effectiveness of the vaccines and the availability of immunization. This information is enclosed with this form. The meningitis vaccine can be obtained through your private health care provider, local health departments or through immunization clinics provided by Health Services at Stockton University. After reading the enclosed information on meningitis and the meningitis vaccine please complete the following questionnaire and submit it with your immunization documentation.

- I have already received the meningitis vaccine.
- I have reviewed the information on meningitis and intend to receive the vaccine.
- I have reviewed the information on meningitis and choose not to receive the vaccine.

Please note that all students residing on campus are required to provide proof of the meningitis vaccination, regardless of age, prior to receiving your key.

- I intend to live on campus.
- I will not be living on campus.

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent signature if student is under the age of 18*