

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 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 full-time 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.
- Meningitis: All students under the age of 19 must show documentation of one dose of the meningococcal vaccine (protecting against the following strains: A, C, Y, and W-135) received at age 16 or older regardless of whether they are residential students.

Increased Risk Students:

- Based on Meningitis Survey responses, students also may also be required to provide documentation of a completed series of Meningitis and Meningitis B.

Residential Students:

- Meningitis: All students, regardless of age, who intend to live in University housing must show documentation of one dose of the meningococcal vaccine (protecting against the following strains: A, C, Y and W-135) received at age 16 or older 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 health care 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, faxed to 609-626-5586 or uploaded to: immunization.stockton.edu. Keep a copy for your records. **Do not submit forms to any other department.**

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

Forms and additional information can be obtained at stockton.edu/wellness or via email at wellctr@stockton.edu.

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

REQUIRED BY STATE STATUTE

IMMUNIZATION INFORMATION: MENINGITIS QUESTIONNAIRE

Incoming Semester (please check)

☐ FALL ☐ SPRING yr _____

Last Name _____ First Name _____

Date of Birth _____ Z# _____

INSTRUCTIONS: *To assist in determining which meningococcal vaccines may be required for you, review each of the indications in the table below.*

Indication
• Complement component deficiency or use of a medication known as a complement inhibitor (e.g., eculizumab)
• No spleen or problem with spleen - including sickle cell disease
• HIV infection
• Travel to an area where the disease is common. Check www.cdc.gov/travel for travel-related risk
• Work in a laboratory with meningococcal bacteria (<i>Neisseria meningitidis</i>)
• Part of an outbreak as declared by public health officials – you will be notified if this applies to you

Do any of the Indications apply to you? YES ☐ NO ☐

Please note that all students under the age of 19 or residing on campus, regardless of age, are required to provide proof of the meningitis vaccine (types A, C, Y and W-135) received at 16 years or older, prior to receiving your key.

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

By signing below, I certify all information indicated in the table above is true and correct to the best of my knowledge.

Student Signature_____
Date_____
Parent signature if student is under the age of 18

Submit immunization documentation to:
Stockton University
Attn: Office of Student Health Services, WQ108
101 Vera King Farris Drive
Galloway, NJ 08205
Fax: 609-626-5586
Upload: immunization.stockton.edu

Keep a copy for your records. **Do not submit forms to any other department.**

Upload forms here: immunization.stockton.edu

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. All students under the age of 19, and all students with certain risk factors, are also required to provide proof they received the meningitis vaccine after age 16. 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 reside 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 enclosed survey.

Meningococcal disease is a serious bacterial infection caused by *Neisseria meningitidis*. The bacteria can invade the body, leading to severe swelling of the tissue surrounding the brain and spinal cord (meningitis) or bloodstream infection. Both types of infections are very serious and can be deadly in a matter of hours. Even with antibiotic treatment, 10 to 15 in 100 people infected with meningococcal disease will die. Up to 1 in 5 survivors will have long-term disabilities, such as loss of limb(s), deafness, nervous system problems or brain damage. Students attending college are at higher risk of getting meningococcal disease, especially first-year students living in residence halls. The best way to protect yourself from the meningococcal disease is to get vaccinated. 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 acha.org and 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. Students to whom the requirement applies will not be permitted to register for classes until showing proof of the meningococcal vaccine.

Mail or Fax Immunization Information Form to:

Stockton University
Attn: Office of Student Health Services, WQ108
101 Vera King Farris Drive
Galloway, NJ 08205
Tel: 609-652-4701
Fax: 609-626-5586
Email: wellctr@stockton.edu
Upload: immunization.stockton.edu

Please have physician complete form on reverse side

Upload forms here: immunization.stockton.edu

KEEP A COPY OF THIS FORM FOR YOUR FILES.
REQUIRED BY STATE STATUTE

Incoming Semester (please check)
☐ 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.

OPTION 1: Please fill in dates (mm/dd/yyyy)

MMR 1 _____

MMR 2 _____

OPTION 2: Please fill in dates (mm/dd/yyyy)

MEASLES 1 _____ MEASLES 2 _____

RUBELLA: _____ MUMPS _____

OPTION 3

BLOOD TESTS proving immunity to measles, mumps, rubella – *a copy of the lab slip showing immunity must be attached.*

HEPATITIS B: Complete one option below

Option 1: 3 DOSE SERIES. Please fill in dates (mm/dd/yyyy)

1. _____ 2. _____ 3. _____

Option 2: 2 DOSE SERIES OF RECOMBIVAX (must be received between 11 and 15 years of age). Please fill in dates (mm/dd/yyyy)

1. _____ 2. _____

Option 3:

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

MENINGOCOCCAL: Recommended for all, REQUIRED if: you are 18 years of age or younger, will be a residential student or answered YES to any meningococcal survey questions. Please fill in dates (mm/dd/yyyy)

MENINGOCOCCAL _____ (at age 16 or older) Check type given: ☐ Menactra ☐ Menomune ☐ Menveo Other: _____

MENB 1. _____ MENB 2. _____ Check type given: ☐ Trumenba ☐ Bexsero

(Received at 16 or older, REQUIRED IF ANSWERED **YES** TO ANY MENINGITIS SURVEY QUESTIONS)

RECOMMENDED IMMUNIZATIONS: The following immunizations are not required but are strongly recommended for all students regardless of age. Please fill in dates (mm/dd/yyyy)

TETANUS DATE _____ (within the last 10 years)

VARICELLA (Chickenpox) DATES 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 _____

Address _____

Phone _____

Date _____

Upload forms here: immunization.stockton.edu

Provider Stamp Required