

REQUEST for MEDICAL or RELIGIOUS EXEMPTION
from VACCINATION REQUIREMENTS
For Measles/Mumps/Rubella, Hepatitis B, and Menomune/Menactra

Student Name: _____ Birth date: _____

Z#: _____ Date: _____

F Medical Exemption

F Religious Exemption

F Permanent

F Temporary

Risks of Nonimmunization:

Immunization is a safe and effective way to protect you against vaccine-preventable disease that can hurt, cripple and even kill. The following contagious diseases can spread among nonimmunized individuals in a group situation, such as a college campus.

1. Measles: is a serious disease characterized by rash and moderate to high fever. It can lead to pneumonia, serious ear infections, deafness, convulsions, inflammation of the brain and even death. The severe complications develop in one out of every 1,000 cases.
(Rubeola)

5. Hepatitis B: is an infection of the liver caused by the Hepatitis B virus. Generally, the highest risk of Hepatitis B infection is associated with occupations, lifestyles or environments in which there is frequent contact with blood products from infected persons. Hepatitis B often is spread by contaminated needles and sexual contact. Some persons who are infected with Hepatitis B become chronic carriers, which means that the Hepatitis B virus is in their blood for more than 6 months and they may spread the infection to others for a long period of time.

Note: Hepatitis B vaccine NJ State requirement September 2008.

I have read and understand the above risks of immunization and have had the opportunity to discuss this with a medical provider. I am requesting a Religious Exemption from the above immunization due to religious beliefs. I will submit a written signed statement explaining how the administration of immunizing agents conflicts with my religious beliefs.

In consideration for that exemption, attesting that I meet the criteria as set forth in N.J.A.C. 8:15 and 8:26.12 for medical or religious exemption, I hereby waive any and all claims, existing now or in the future that I may have against the State of New Jersey, Stockton University and its Board of Trustees, directors, faculty, staff, employees, officers, students and agents, which may result from my failure to be immunized, knowing the risks of immunization, and I agree to indemnify, defend and hold harmless the State of New Jersey, Stockton University and its Board of Trustees, directors, faculty, staff, employees, officers, students and agents.