

**REQUEST for MEDICAL or RELIGIOUS EXEMPTION
from VACCINATION REQUIREMENTS**

For Measles/Mumps/Rubella, Hepatitis B, and Menomune/Menactra

Student Name: _____ Birth date: _____

Z#: _____ Date: _____

Medical Exemption

Religious Exemption

Permanent

Temporary

Risks of Non-Immunization:

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 non-immunized individuals in a group situation, such as a college campus.

1. Measles:
(*Rubeola*)

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; one in ten of such complicated cases will result in death.
2. Mumps:

is an acute viral infection caused by the mumps virus. It is spread by mucus or droplets from the nose or throat of an infected person, usually when a person coughs or sneezes. It can lead to deafness, meningitis (infection of the brain and spinal cord covering), painful swelling of the testicles or ovaries, and rarely, death.
3. Rubella:
(*German Measles*)

is an infectious viral disease characterized by mild fever and rash. The major risk is to non-immune women who catch the disease early in pregnancy. Such women are likely to have a baby with serious birth defects.
4. Meningococcal:

is a rare but potentially life threatening bacterial infection that requires immediate treatment. The bacterium, *Neisseria meningitides*, is the responsible germ which can manifest in one's body as meningitis (an inflammation of the thin lining of the brain and spinal cord), septicemia (blood poisoning) as well as arthritis and pneumonia.

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 became a NJ State requirement September 2008.

I have read and understand the above risks of non-immunization and have had the opportunity to discuss this with a medical provider. I am requesting a Religious Exemption from the above immunizations due to my 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. 8:57-6.11 and 8:57-6.12 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 non-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, from and against any and all claims, including bodily injury and /or wrongful death suits, or other losses, damages, expenses, penalties, costs or other liabilities, including without limitation, attorneys' fees and disbursements, arising out of, and /or resulting directly or indirectly from any claims or causes of action, including bodily injury and/or wrongful death suit brought against the State of New Jersey, Stockton University, and its Board of Trustees, directors, faculty, staff, employees, officers, students and agents, as a result of my failure to be immunized.

I further understand that in the event that a case or cases of Measles, Mumps, Rubella, Meningitis or Hepatitis B and **COVID-19** are discovered on campus, I may be temporarily excluded from classes, residence halls and any sponsored activities on campus. As appropriate or necessary, the institution will consult with the Commissioner, Department of Health and Senior Services (or designee), or other local, State, or federal health authorities regarding this decision. This exclusion will continue until the outbreak is over.

Signature

Date

Supervisor's Signature (Stockton University)

Date

Submit this signed form and attach your signed written statement and mail to:

Stockton University
Health Services – WQ 108
101 Vera King Farris Drive
Galloway, NJ 08205

Or email to: wellctr@stockton.edu

Or fax to: 609-626-5586

Or upload to: immunization.stockton.edu