



IMMUNIZATION REQUIREMENTS

Dear Incoming William Paterson University Student,
Congratulations on your recent acceptance to William Paterson University.

*All undergraduate and graduate students enrolled in a program of study leading to an academic degree at any four (4) year public or independent institution of higher education in New Jersey are **required** to provide evidence of immunization as a prerequisite to enrollment.

***Immunization Requirements are for students 30 years of age or less only as of their first semester start date.**

- **Measles, Mumps, Rubella (MMR) – 2 doses.** Documentation of two (2) doses of MMR. The first dose must be administered on or after your first birthday and the second dose must not be administered any less than one (1) month from the first. *Laboratory blood tests that demonstrate immunity may be submitted in place of vaccination documentation. We must receive a copy of the blood work results in order to verify immunity.*
- **Hepatitis B – 3 or 2 dose series .** Students who are registered for 12 or more credits only. You must provide proof of a completed Hepatitis B vaccine series. This can either be the three (3) dose pediatric/adult series or two (2) dose adolescent series. *Laboratory blood tests that demonstrate immunity may be submitted in place of vaccination documentation. We must receive a copy of the blood work results in order to verify immunity.*
- **Meningitis ACYW Vaccine – *1 or 2 doses-** *Housing room assignments will not be given until proof of meningitis immunization is provided.*
NJ State law requires all students who intend to live in the residence life halls on campus **must provide** documented proof of the meningococcal conjugate vaccine(s).
*Recommendations are two doses of meningitis (ACYW) for adolescents 11 through 18 years of age: the first dose at 11 or 12 years of age, with a booster dose at age 16. If the first dose (or series) is given between 13 and 15 years of age, the booster must be given between 16 and 18. If the first dose (or series) is given after the 16th birthday, a booster is not needed.
- **Meningitis Survey** – ALL incoming students must complete the survey via the Student Health Portal

Students are required to **self-enter** their immunization dates into the Student Health Portal and then submit their documents to our office as directed on the Portal. **Access to the portal is available starting January 5th (Spring Semester) and May 20th (Summer & Fall Semesters) for incoming students**
Go to: **WPConnect > Student > General Services > Student Health Portal**

If you have difficulty with the Student Health Portal, please email: WPUimmunization@wpunj.edu

A request for exemption from these requirements due to religious beliefs may be submitted to the Health and Wellness Center. **The request must be in writing from the enrolled student if aged 18 or older (a parent/guardian if a minor) and should specifically state the religious doctrine that prohibits vaccination.**

Exemption from requirements based on medical reasons must be submitted to the Health and Wellness Center in the form of a **signed statement from a healthcare provider** indicating a specific immunization is contraindicated due to a valid medical condition. This documentation may need to be renewed *annually*.

Students who do not comply will have a registration hold placed on their account until proper documentation is received.

Deadlines: All documentation **must** be received by **July 1st** for the fall semester & **December 15th** for the spring semester

Instructions on how to submit immunization records

1. Enter immunization dates into the Student Health Portal: Go to:
WPCoconnect > Student > General Services > Student Health Portal
2. Send a valid copy of immunization records via fax or e-mail to:
Fax # (973) 720-2632 Email: WPUimmunization@wpunj.edu

The following information **must be provided by**: a healthcare provider, high school, former college/university or any authorized agency. An attached **copy of official immunization records** is also acceptable.

Religious or Medical Exemptions Letters must be sent directly to our office – Do NOT complete this form

Student Name: _____ Student ID# **855**

DOB: ____/____/____ Last First
Check all that apply: Resident (living on campus) Readmit
 Commuter EOF

MMR & Hepatitis B vaccine records are only required for undergraduate and graduate students who are 30 years of age or less as of their first semester start date.

1. MMR (Measles, Mumps, & Rubella) vaccine – 2 doses of each required if registered for 1 or more credits

Dose #1 ____/____/____ (Given on or after 1 year of age)

Dose #2 ____/____/____ (Given at least 30 days after Dose #1)

*OR: Titer date: ____/____/____ *Copy of laboratory report must be attached

2. Hepatitis B vaccine – Required if registered for 12 or more credits per semester

Proof of a 3-dose series or a valid adolescent 2-dose series is required

Dose #1 ____/____/____ Dose #2 ____/____/____ Dose #3 ____/____/____

Check box if 2-dose series (valid between age 11-15 only)

*OR: Titer date: ____/____/____ *Copy of laboratory report must be attached

3. Meningococcal conjugate (ACYW) vaccine:- for ALL undergraduate and graduate students (who intend to reside on

campus): Housing assignments will not be provided to the student until proof of meningitis immunization is provided

Dose #1 ____/____/____ Circle Type: Menactra®, Menveo®

Dose #2 (*if needed) ____/____/____ Circle Type: Menactra®, Menveo®

*Two doses of meningitis are recommended for adolescents 11 through 18 years of age: the first dose at 11 or 12 years of age, with a booster dose at age 16. If the first dose (or series) is given between 13 and 15 years of age, the booster must be given between 16 and 18. If the first dose (or series) is given after the 16th birthday, a booster is not needed

4. Immunizations strongly recommended by WPU and American College Health Association:

1. **Tetanus:** ____/____/____ (within the last 10 years) Circle Type: Td Tdap

2. **Varicella** (Chicken Pox): Dose #1 ____/____/____ Dose #2 ____/____/____ Hx of Disease? Year ____

3. **HPV:** Dose #1 ____/____/____ Dose #2 ____/____/____ Dose #3 ____/____/____

3. **Mantoux/PPD:** Date Placed: ____/____/____ Date Read: ____/____/____ Reaction: ____mm Result: Pos Neg

CXR Date if PPD is positive: ____/____/____ Result: Positive Negative

INH Therapy: Start date: ____/____/____ End date: ____/____/____

Specify Reason If No Further Treatment Indicated: _____

Provider's Printed Name & Signature: _____ Date: _____

Provider Stamp is Required