

COLLEGE OF PROFESSIONAL STUDIES
NURSING DEPARTMENT

Instructions: Please complete section 1, 2 or 3 depending on type of waiver requested. Place your initials on the appropriate line. Submit signed form and documentation to Immunization Tracker for review.

I understand New Jersey Statute (N.J. Stat. § 18A:61D) requires full-time college students obtain the Hepatitis B vaccine and all Nursing students are required to obtain the Hepatitis B vaccine. I am in progress with the completion of the Hepatitis B vaccine series and have attached evidence of initiation of Hepatitis B vaccine.

_____ Incomplete Hepatitis B Series. I expect to complete the series by _____.
(date)

I understand New Jersey Statute (N.J. Stat. § 18A:61D) requires full-time college students obtain the Hepatitis B vaccine and all Nursing students are required to obtain the Hepatitis B vaccine. I am not able to complete these requirements due to the following medical reasons:

- _____ Allergy to vaccine or vaccine component
- _____ Medical condition
- _____ Pregnancy
- _____ Breastfeeding
- _____ Non-responder

I am requesting a medical exemption. Medical condition, allergy, and pregnancy must be accompanied by medical documentation from the Primary Care Provider. Documentation must include the reason and length of the waiver.

I understand New Jersey Statute (N.J. Stat. § 18A:61D) requires full-time college students obtain the Hepatitis B vaccine and all Nursing students are required to obtain the Hepatitis B vaccine. I am requesting a religious exemption as this vaccine conflicts with my religious beliefs.

_____ Religious Exemption

I certify the above is accurate and true. I understand that as a part of my clinical work, I may be exposed to blood or other potentially infectious materials and therefore may be at risk of being infected by the Hepatitis B virus. I am responsible to report any possible exposure as soon as I am aware of the occurrence and comply with the Nursing Department policies as set forth in the BSN Student Handbook.

Name: _____
(print)

Student ID#: _____

Signature: _____

Date: _____