

ANNUAL COLLEGE IMMUNIZATION STATUS REPORT

Complete electronically using ADOBE READER (desktop application only). Only electronic submissions will be accepted. Submit one IMM-3 form per location by no later than February 1 to reflect Fall enrollment of the current academic year. For assistance completing the form, contact Jenish Sudhakaran: 609-826-4861 / jenish.sudhakaran@doh.nj.gov.

Name of Higher Education Institution	Institution Type	Total Fall Enrollment (<i>head count</i>)	Report Year
Street Address	Town/Municipality	State	Zip Code
Implementation Contact Person (<i>for implementing immunization requirements</i>)			
<i>(First)</i>	<i>(Last)</i>	<i>(Title)</i>	<i>(Phone)</i>
Records Management Contact Person (<i>for maintaining immunization records</i>)			
<i>(First)</i>	<i>(Last)</i>	<i>(Title)</i>	<i>(Phone)</i>

A. MEASLES, MUMPS, AND RUBELLA REQUIREMENT

a. Number of incoming students:	a. total	
b. Number of incoming students in non-degree status not subject to the MMR regulation:	b. minus	
c. Number of incoming students born before 1957 not subject to the MMR regulation:	c. minus	
d. For 2-year colleges ONLY : Number of incoming students with less than 12 credit hours not subject to the MMR regulation:	d. minus	
e. Number of students subject to the MMR regulation [a – (b + c + d) = e]:	e. balance	

Counting each student only once, enter the number of students who:

Meet MMR* Requirement	Have Provisional Status	Have Medical Exemptions	Have Religious Exemptions	Do Not Meet MMR* Requirement
				out of

* For incoming students, two doses of a measles-containing vaccine are required, preferably MMR given on or after the first birthday separated by at least one month or laboratory evidence of immunity to these diseases.

B. MENINGOCOCCAL MENINGITIS EDUCATION AND VACCINATION REQUIREMENT (*4-Year Institutions Only*)

Counting each student only once, enter the number of new students who:

Received Meningococcal Information	Submitted Responses	Indicated Previous Vaccination	Were First Vaccinated by College/Student Health Services	Will Reside in Campus Dormitory for First Time

Counting each student only once, enter the number of new students living in campus dormitories who:

Meet Meningococcal Requirement	Have Provisional Status	Have Medical Exemptions	Have Religious Exemptions	Do Not Meet Meningococcal Requirement
				out of

C. HEPATITIS B VACCINE REQUIREMENT (*New Students With 12 Or More Credit Hours*)

How many new student with 12 or more credit hours are subject to the Hepatitis B requirement?

Counting each student only once, enter the number of new students with 12 or more credit hours who:

Meet Hepatitis B Requirement	Have Provisional Status	Have Medical Exemptions	Have Religious Exemptions	Do Not Meet Hepatitis B Requirement
				out of

ANNUAL COLLEGE IMMUNIZATION STATUS REPORT (CONTINUED)

How does your institution offer the following vaccination services?

VACCINE	SERVICE DELIVERY METHOD	SERVICE DELIVERY ENTITY NAME
MMR		
MENINGOCOCCAL MENINGITIS		
HEPATITIS B		

***Other Vaccinations - Optional** (hold down Ctrl key and select all that apply in each category)

In House	Contracted	By Referral

Sign & Submit Electronically: Click signature field, follow on-screen prompts to e-sign. Then, click "SUBMIT" (instructions below). Or, save and send the completed and signed form as a file attachment to jenish.sudhakaran@doh.nj.gov.

Person Signing & Submitting Form				
(First)	(Last)	(Title)	(Email)	(Phone) .
		<p style="color: red; font-size: small;">Form fields will lock upon successful e-signature. To make changes, right-click the signature and select "Clear Signature" from the menu and fields will unlock.</p>		

Electronic Signature

FORMS MUST BE SIGNED BEFORE SUBMISSION. Unsigned and/or hard copies of forms are not valid and will not be accepted. Having trouble signing or submitting this form? For technical assistance, please click here to contact the [NJDOH Forms Specialist](#).

INSTRUCTIONS: It is easiest to use the latest version of Adobe Reader DC. If you do not have the latest version, download and install the free software by visiting this webpage: <https://get.adobe.com/reader/>

- 1) Fill out the form completely. ALL form fields are required except where noted as being optional.
- 2) E-sign form by clicking on signature field. The Adobe ID / signature process should be automatic. You might have to click on and select the ID you want to use (if you have multiple) or select the option to create one (if you do not have one). Follow the on screen instructions after clicking on the signature field. Once the form is signed, fields will lock and the "SUBMIT" button will appear. (Be sure the form is correct / complete before signing.)
- 3) Click the "SUBMIT" button. A window will pop up. Select either A) Default Email (application) or B) Webmail (accessed through a web-browser).
 - A) "Default" - Your email application should launch and a new email should be automatically drafted with the form attached! This may take a few moments to happen, or you may have to look for the email in your "Drafts" folder. **Click "SEND" to submit the form via email.**
 - B) "Webmail" - If you have Gmail or Yahoo, select the that option. Otherwise, select "Other" from the dropdown menu and continue.
Enter your email address and password.
Enter the IMAP and SMTP server name information for your webmail client. You may want to ask your IT department for this information. You only need to set this up once. After it is set up, your information will be saved for future use.
If you have your web browser open to your email inbox, you may be directed automatically to your "Drafts" folder, in which you should see the email drafted by Adobe with your form attached. Or, you may have to open your email in a web browser and click on the drafts folder to find this email with your form attached. Open the drafted email (subject should include the form number IMM-3) and **click "SEND" to send the email.**
- 4) **Check your "SENT" folder to ensure the email was sent.**