



Enrollment Services
 5100 Black Horse Pike
 Mays Landing, NJ 08330
 Phone: 609-343-5005
 Fax: 609-343-4914

Immunization Form

Student Information					
Student Name (Last, First, MI)			Student ID #		
Student Telephone Number			Date of Birth		
Physician's Name			Physician's Signature		
Measles, Mumps & Rubella					
Vaccine Type	1st Dose	2nd Dose	Serology	Date	Titer
MMR			MMR		
Measles			Measles		
Mumps			Mumps		
Rubella			Rubella		
_____ Medical Exemption Attached			_____ Religious Exemption Attached		
Hepatitis					
Hepatitis – B		1 st Dose	2 nd Dose	3 rd Dose	
Date of Vaccination					
Meningococcal					
			Date of vaccination		
MenACWY (Meningococcal conjugate vaccine)					
MenB (Meningococcal serogroup B)					

How to submit:

Upload document through Self-Service using the following URL:

<https://acccdtsfss.atlantic.edu/Student/DocumentRequests>