

Dear Entering Student,

It is my pleasure to welcome you to Rutgers Biomedical and Health Sciences.

The following pages list our health and immunization requirements. Our policy protects you, our patients, and Rutgers staff and is based on CDC recommendations and NJ state law. Completing the requirements can take time, so keep this in mind as you schedule an appointment with your provider to complete the Immunization Record.

Please make sure to have your health care provider complete, sign and date the Immunization Record and attach all relevant labs. Give the Healthcare Provider Checklist to your healthcare provider so that the appropriate tests are performed. Your provider may not be familiar with some of these requirements, but they are, in fact, **REQUIRED**. The checklist may help to avoid the wrong tests being ordered at an increased cost to you, as any cost incurred related to the above requirements is your responsibility.

Once the Immunization Record is complete, log into the Student Health Portal at <https://patient-rbhs.medicatconnect.com/> and

1. Combine the Immunization form, lab reports, and imaging into one document and upload it under the Upload tab
2. Complete the Health History Questionnaire

In order to fulfill the tuberculosis screening, either a 2 step PPD (consisting of 2 PPDs placed 1-3 weeks apart and read 48-72 hours after placement) or an FDA approved blood test for tuberculosis may be submitted. Meningitis vaccination is required for Rutgers housing.

The RBHS "Student Immunization & Health Requirements" Policy may be accessed at <http://academicaffairs.rutgers.edu/additional-resources/rbhs-policies>.

If you have any questions, require additional information, or need a recommendation for a local health care provider, please contact Student Health Services at: 973-972-8219. If you are unable to access the Student Health Portal, you may fax or mail the completed forms, but please note that you will still need to complete the Health History Questionnaire online. Be sure to keep a copy of your paperwork for your own records.

Sincerely,



Noa'a Shimoni MD MPH  
Medical Director

Use your Rutgers login to upload this completed and signed form into <https://patient-rbhs.medicatconnect.com/>  
 Alternatively, you may fax or mail it in.

### Immunization Record

PART I: To be completed by the student. Please print or type.					
Last name	First name	MI	School/Grad year/program (if SHRP or SN)		
DOB (month day year)	Street Address		City	State	Zip
Telephone (cell)		Email			

### PART II: To be completed and signed by health care provider (all items must be completed)

	Date (mo day yr)	Results (if applicable)
<b>Adult Tdap</b> (Tetanus, Diphtheria & Acellular Pertusis) (Adacel or Boostrix)	__/__/__	
<b>Tuberculosis - <u>Two</u></b> PPDs or an FDA approved blood test are required regardless of prior BCG (unless #1 is positive)	<u>Date read</u>	
PPD #1 (date placed __/__/__ )	__/__/__ PPD#1	__ mm induration
<b>OR</b> PPD #2 (date placed __/__/__ )	__/__/__ PPD#2	__ mm induration
FDA approved blood test for TB (eg. Quantiferon Gold) (attach report)	__/__/__	<input type="checkbox"/> Positive <input type="checkbox"/> Negative
<b>If PPD positive (≥10 mm), is the patient free of TB symptoms?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<u>List date of positive PPD and induration</u>	__/__/__	__ mm induration
Was the patient treated? <input type="checkbox"/> Yes <input type="checkbox"/> No For how long? _____		
FDA approved blood test for TB (Quantiferon Gold) (attach report)	__/__/__	<input type="checkbox"/> Positive <input type="checkbox"/> Negative
Chest x-ray required within the past 12 months if TB blood test is positive or not drawn (attach report)	__/__/__	<input type="checkbox"/> Normal <input type="checkbox"/> Findings:
<b>MMR (Measles, Mumps, Rubella)</b>		
MMR Dose #1	__/__/__ Dose 1	
MMR Dose #2	__/__/__ Dose 2	
<b>OR</b>	__/__/__	
Measles (Rubeola) serologic immunity (attach lab report & list date of lab test)	__/__/__	<input type="checkbox"/> Immune <input type="checkbox"/> Non-immune
Mumps serologic immunity (attach lab report & list date of lab test)	__/__/__	<input type="checkbox"/> Immune <input type="checkbox"/> Non-immune
Rubella serologic immunity (attach lab report & list date of lab test)	__/__/__	<input type="checkbox"/> Immune <input type="checkbox"/> Non-immune
<b>QUANTITATIVE Hepatitis B Surface Antibody Titer</b> (qualitative will not be accepted per CDC guidelines) (attach lab report)	__/__/__	<input type="checkbox"/> Immune (≥10 mIU/mL) <input type="checkbox"/> Non-immune
<b>If not immune, Hepatitis B Surface Antigen must be submitted (attach lab report)</b>	__/__/__	<input type="checkbox"/> Positive <input type="checkbox"/> Negative
Hepatitis B doses #1, #2, #3	__/__/__ Dose 1	
(if starting the series, at least 1 of 3 doses is required prior to enrollment)	__/__/__ Dose 2	
	__/__/__ Dose 3	
<b>Varicella (Chicken Pox)</b>		
Varicella Dose #1	__/__/__ Dose 1	
Varicella Dose #2	__/__/__ Dose 2	
<b>OR</b>		
Varicella serologic immunity (list date and attach lab report)	__/__/__	<input type="checkbox"/> Immune <input type="checkbox"/> Non-immune
<b>Annual flu</b> (list vaccination for the current flu season)	__/__/__	
<b>Meningitis</b> (required for Rutgers housing), with at least 1 dose since age 16	__/__/__	
<b>Healthcare provider</b>	Address/Stamp/Phone/Fax	
Print name		
Signature <span style="float: right;">Date</span>		



# Meningococcal ACWY Vaccines – MenACWY and MPSV4: *What You Need to Know*

Many Vaccine Information Statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis)

Hojas de Información Sobre Vacunas están disponibles en español y en muchos otros idiomas. Visite [www.immunize.org/vis](http://www.immunize.org/vis)

## 1 Why get vaccinated?

Meningococcal disease is a serious illness caused by a type of bacteria called *Neisseria meningitidis*. It can lead to meningitis (infection of the lining of the brain and spinal cord) and infections of the blood. Meningococcal disease often occurs without warning—even among people who are otherwise healthy.

Meningococcal disease can spread from person to person through close contact (coughing or kissing) or lengthy contact, especially among people living in the same household.

There are at least 12 types of *N. meningitidis*, called “serogroups.” Serogroups A, B, C, W, and Y cause most meningococcal disease.

Anyone can get meningococcal disease but certain people are at increased risk, including:

- Infants younger than one year old
- Adolescents and young adults 16 through 23 years old
- People with certain medical conditions that affect the immune system
- Microbiologists who routinely work with isolates of *N. meningitidis*
- People at risk because of an outbreak in their community

Even when it is treated, meningococcal disease kills 10 to 15 infected people out of 100. And of those who survive, about 10 to 20 out of every 100 will suffer disabilities such as hearing loss, brain damage, kidney damage, amputations, nervous system problems, or severe scars from skin grafts.

**Meningococcal ACWY** vaccines can help prevent meningococcal disease caused by serogroups A, C, W, and Y. A different meningococcal vaccine is available to help protect against serogroup B.

## 2 Meningococcal ACWY Vaccines

There are two kinds of meningococcal vaccines licensed by the Food and Drug Administration (FDA) for protection against serogroups A, C, W, and Y: meningococcal conjugate vaccine (**MenACWY**) and meningococcal polysaccharide vaccine (**MPSV4**).

Two doses of MenACWY are routinely recommended for adolescents 11 through 18 years old: the first dose at 11 or 12 years old, with a booster dose at age 16. Some adolescents, including those with HIV, should get additional doses. Ask your health care provider for more information.

In addition to routine vaccination for adolescents, MenACWY vaccine is also recommended for certain groups of people:

- People at risk because of a serogroup A, C, W, or Y meningococcal disease outbreak
- Anyone whose spleen is damaged or has been removed
- Anyone with a rare immune system condition called “persistent complement component deficiency”
- Anyone taking a drug called eculizumab (also called Soliris®)
- Microbiologists who routinely work with isolates of *N. meningitidis*
- Anyone traveling to, or living in, a part of the world where meningococcal disease is common, such as parts of Africa
- College freshmen living in dormitories
- U.S. military recruits

Children between 2 and 23 months old, and people with certain medical conditions need multiple doses for adequate protection. Ask your health care provider about the number and timing of doses, and the need for booster doses.

**MenACWY** is the preferred vaccine for people in these groups who are 2 months through 55 years old, have received MenACWY previously, or anticipate requiring multiple doses.

**MPSV4** is recommended for adults older than 55 who anticipate requiring only a single dose (travelers, or during community outbreaks).



**3****Some people should not get this vaccine**

Tell the person who is giving you the vaccine:

- **If you have any severe, life-threatening allergies.**

If you have ever had a life-threatening allergic reaction after a previous dose of meningococcal ACWY vaccine, or if you have a severe allergy to any part of this vaccine, you should not get this vaccine. Your provider can tell you about the vaccine's ingredients.

- **If you are pregnant or breastfeeding.**

There is not very much information about the potential risks of this vaccine for a pregnant woman or breastfeeding mother. It should be used during pregnancy only if clearly needed.

If you have a mild illness, such as a cold, you can probably get the vaccine today. If you are moderately or severely ill, you should probably wait until you recover. Your doctor can advise you.

**4****Risks of a vaccine reaction**

With any medicine, including vaccines, there is a chance of side effects. These are usually mild and go away on their own within a few days, but serious reactions are also possible.

As many as half of the people who get meningococcal ACWY vaccine have **mild problems** following vaccination, such as redness or soreness where the shot was given. If these problems occur, they usually last for 1 or 2 days. They are more common after MenACWY than after MPSV4.

A small percentage of people who receive the vaccine develop a mild fever.

**Problems that could happen after any injected vaccine:**

- People sometimes faint after a medical procedure, including vaccination. Sitting or lying down for about 15 minutes can help prevent fainting, and injuries caused by a fall. Tell your doctor if you feel dizzy, or have vision changes or ringing in the ears.
- Some people get severe pain in the shoulder and have difficulty moving the arm where a shot was given. This happens very rarely.
- Any medication can cause a severe allergic reaction. Such reactions from a vaccine are very rare, estimated at about 1 in a million doses, and would happen within a few minutes to a few hours after the vaccination.

As with any medicine, there is a very remote chance of a vaccine causing a serious injury or death.

The safety of vaccines is always being monitored. For more information, visit: [www.cdc.gov/vaccinesafety/](http://www.cdc.gov/vaccinesafety/)

**5****What if there is a serious reaction?****What should I look for?**

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or unusual behavior.

Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness—usually within a few minutes to a few hours after the vaccination.

**What should I do?**

- If you think it is a severe allergic reaction or other emergency that can't wait, call 9-1-1 and get to the nearest hospital. Otherwise, call your doctor.
- Afterward, the reaction should be reported to the "Vaccine Adverse Event Reporting System" (VAERS). Your doctor should file this report, or you can do it yourself through the VAERS web site at [www.vaers.hhs.gov](http://www.vaers.hhs.gov), or by calling **1-800-822-7967**.

*VAERS does not give medical advice.*

**6****The National Vaccine Injury Compensation Program**

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling **1-800-338-2382** or visiting the VICP website at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation). There is a time limit to file a claim for compensation.

**7****How can I learn more?**

- Ask your health care provider. He or she can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-4636 (1-800-CDC-INFO)** or
  - Visit CDC's website at [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines)

**Vaccine Information Statement  
Meningococcal ACWY Vaccines**

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42 U.S.C. § 300aa-26

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