

Student Health Services Rutgers Health Sciences Campus at Newark 90 Bergen Street, Suite 1750 Newark, NJ 07103

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 your health care provider completes, signs and dates the Immunization Record and attaches all relevant labs. Review the checklist with your healthcare provider so that the appropriate tests are performed. Your provider may not be familiar with some of these requirements, but they are **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 Record, lab reports, and imaging into one document and upload it under the Upload tab
- 2. Complete the Mandatory Health Form under the Forms tab

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.

The RBHS "Student Immunization & Health Requirements" Policy may be accessed here.

If you have any questions, cannot access the portal, or need a recommendation for a local health care provider, please contact Student Health Services at: 973-972-8219. Be sure to keep a copy of your paperwork for your own records.

Sincerely,

Noa'a Shimoni MD MPH

Director



Student Health Services Rutgers Health Sciences Campus at Newark 90 Bergen Street, Suite 1750 Newark, NJ 07103 Use your Rutgers login to upload this completed and signed form into http://patient-rbhs.medicatconnect.com

Questions? Send us a secure message through the portal

PART I: To be completed by the student. Please print or type.

Last name	First name	MI	RUID or A number	School/grad year/program
DOB (month day year)		Cell phone		Email

PART II: To be completed and signed by health care provider.

		Date (mo day yr)	Results if applicable
MMR (Measles/Rubeola, Mumps, Rubella) va	ccine	//Dose 1	Measles □Immune □Non-immune
or		// Dose 2	Mumps □Immune □Non-immune
serologic immunity (attach lab report)		_/_/	Rubella
Meningitis ACYW		_/_/	■Menveo ■Menactra ■Menomune
(required for ALL students under 19, f		_/_/	■Menveo ■Menactra ■Menomune
housing, those with risk factors ^{1,2,} and	specific travelers³)		
with at least 1 dose since age 16	4.		
Meningitis B (required for students with risk fa	•	_/_/	□Trumenba □Bexero
¹asplenia, sickle cell, N meningitidis lab work, compl		_/_/	□Trumenba □Bexero
complement inhibitor use ² HIV ³ travelers to/reside meningitis	ents of areas with enaemic	//	□Trumenba □Bexero
QUANTITATIVE Hepatitis B Surface Antibody	Titer		
qualitative will not be accepted per Cl			Hep B Surface Antibody//
We recommend submitting a Hepatitis B Surface An			Immune (≥10 mIU/mL)
is not demonstrated (attach lab reports). If starting	-		□ Non-immune
required prior to enrollment.	•		= Non minute
□Engerix □	■Heplisav ■Twinrix	/ / Dose 1	Hep B Surface Antigen//
□Engerix □	■Heplisav ■Twinrix	/ / Dose 2	□ Negative
□Engerix [■Heplisav ■Twinrix	// Dose 3	□ Positive
Tuberculosis		PPD placed	PPD read induration
<u>Two</u> PPDs or an FDA approved blood	test are required regardless	PPD #1 / /	/ / mm
of prior BCG within the past 6 months of matriculation		PPD #2//	
or			
FDA approved blood test (attach lab r		_/_/	☐ Negative ☐ Positive
If PPD positive (≥10 mm), is the patient free of	TB symptoms? □Yes □No		
Treated? □Yes □No		Blood test	
For positive PPD: a normal chest x-ray or negat		_/_/	■ Negative ■ Positive
test is required within the past 6 months (attac		Chest x-ray	_
blood test: a chest x-ray is required within the	past 6 months (attach	_/_/	□ Normal □ Findings:
report)			
Adult Tdap (Tetanus, Diphtheria & Acellular Pe	ertusis) (Adacel or Boostrix)	//	
Varicella (chicken pox) vaccine			Antibody//
or		//Dose1	Immune
Varicella serologic immunity (attach lab re	port)	//Dose 2	☐ Non-immune
Annual flu (list vaccination for the current flu season)		//	
COVID-19 vaccine ☐ Pfizer ☐ Modern	na □J&J □ other:	_/_/	
□ Pfizer □ Moderna □ J&J □ other:		_/_/	
□ Pfizer □ Moderna □ J&J □ other:		_/_/	
Healthcare provider name	Signature	•	Date
·			
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Last name

Healthcare provider

Print name

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First name

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Date

RUID or A number

Immunization Record

DOB (month day year)

PART III: Additional vaccinations: Please complete or attach a legible copy. We recommend submitting this information so we can better care for you at our health centers during your time at Rutgers.				
		Date	e (mo day yr)	
Hepatitis A		_/ _/	/ /	
Human Papilloma Virus	☐ Gardisil 4 Gardasil 9 ☐ Gardisil 4 Gardasil 9 ☐ Gardisil 4 Gardasil 9	☐ Cervarix	_/_ _/_ _/_	
Japanese Encephalitis		_/	_//_	
Pneumococcal	☐ PCV13 ☐ PCV13 ☐ PCV13 ☐ PCV13	B □ PPSV23 □ / B □ PPSV23 □ /	_/_ _/_ _/_ _/_	
Polio booster		_/	_/_	
Rabies vaccine			/ / /	
Typhoid □ TyphIM □ Vivotif (most recent dose)		_/	_/_	
Yellow Fever			_/_	

Signature



Healthcare Provider Check List

Mandatory Health Form	Students must complete the ONLINE Mandatory Health Form at https://patient-rbhs.medicatconnect.com/				
MMR	 ☐ 2 doses of Measles, Mumps, and Rubella vaccine OR ☐ MMR IgG titers showing immunity – attach lab report LabCorp test #058495 Quest Diagnostic test #85803A 				
Meningitis ACYW	Meningitis ACYW (required for students under 19, first year college students in housing, those with asplenia, sickle cell, N meningitidis lab work, complement deficiency or complement inhibitor use, HIV, and travelers to/residents of areas with endemic meningitis) with at least 1 dose since age 16				
Meningitis B	☐ Meningitis B (required for students with asplenia, sickle cell, <i>N meningitidis</i> lab work, complement deficiency or complement inhibitor use)				
Нер В	 ☐ Hepatitis B Surface Antibody QUANTITATIVE titer (the result must be a number) attach lab report. LabCorp test # 006530 Quest Diagnostic test # 51938W Please draw a Hepatitis B Surface Antigen as well since it will have to besubmitted if the student fails to demonstrate immunity. ☐ Hepatitis B Surface Antigen - attach lab report LabCorp test # 006510 Quest Diagnostic test # 265F Please document all doses of Hepatitis B vaccine received on the immunization form Options if a student is not immune: 1. Booster dose, followed by titers one month after, or 2. Repeat the series, followed by titers one month after These are CDC recommendations for all healthcare workers. The student will not be permitted to matriculate without these tests. □ 2-step PPD* (1-3 weeks apart) regardless of history of BCG 				
PPD	 Please include date placed and date read in millimeters of induration For a PPD ≥10 mm now or in the past, you must submit documentation of the PPD reading and a chest x-ray or FDA approved blood test within the last 6 months OR an FDA approved blood test for TB (such as Quantiferon Gold) LabCorp test # 182873 Quest Diagnostic test # 19453 				
Tdap	Adult Tdap (tetanus/diphtheria/acellular pertussis) (Adacel/Boostrix) (one-time administration)				
Varicella	 ☐ 2 doses of Varicella vaccine, at least 1 month apart OR ☐ Varicella IgG titer showing immunity- attach lab report LabCorp test # 096206 Quest Diagnostic test # 54031E 				
COVID-19 vaccine	Please document all doses of ACIP-approved COVID-19 vaccines.				

^{*} Students working in healthcare with documented annual PPDs may submit that documentation to fulfil this requirement.