

Student Health Services, Piscataway Campus Family Medicine at Monument Square 317 George Street, Suite 100, New Brunswick, NJ 08901 p 732-235-5160 f 732-235-7351

Dear Incoming 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 Immunization Portal at <u>rutgers.medicatconnect.com</u> 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. For Incoming Medical students only, second PPD will be provided during their orientation. Student Health Services will be prepared to administer any missing immunizations or testing if required.

The RBHS "Student Immunization & Health Requirements" Policy may be accessed at <u>here.</u>

If for religious, health, or other reasons, you have not been completely immunized, please provide official verification for requesting an exemption from this requirement. Medical exemptions require a physician's verification. If you have any questions, require additional information, or need a recommendation for a local health care provider, please contact Student Health Services at: 732-235-5160 or email at jb1481@rwjms.rutgers.edu. If you are unable to access the Immunizations Portal, you may fax or mail the completed forms, but please note that you will still need to complete the Mandatory Health Form online. Be sure to keep a copy of your paperwork for your own records.

Sincerely,

Komal Bhatt M.D. Medical Director



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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) var or serologic immunity (attach lab report)	ccine	//Dose 1 //Dose 2 //	MeaslesImmuneNon-immuneMumpsImmuneNon-immuneRubellaImmuneNon-immune	
Meningitis ACYW (required for ALL students under 19, f housing, those with risk factors ^{1,2,} and with at least 1 dose since age 16		_/_/ _/_/	■Menveo ■Menactra ■Menomune ■Menveo ■Menactra ■Menomune	
Meningitis B (required for students with risk fa ¹ asplenia, sickle cell, N meningitidis lab work, compl complement inhibitor use ² HIV ³ travelers to/reside meningitis	ement deficiency or	_/_/ _/_/ _/_/	□Trumenba □Bexero □Trumenba □Bexero □Trumenba □Bexero	
QUANTITATIVE Hepatitis B Surface Antibody 1				
qualitative will not be accepted per CI We recommend submitting a Hepatitis B Surface An is not demonstrated (attach lab reports). If starting required prior to enrollment.	tigen as well in case immunity		Hep B Surface Antibody// □ Immune (≥10 mIU/mL) □ Non-immune	
□Engerix □	Heplisav Twinrix	// Dose 1	Hep B Surface Antigen / /	
_	Heplisav	// Dose 2	□ Negative	
	Heplisav Twinrix	// Dose 3	D Positive	
Tuberculosis		PPD placed	PPD read induration	
Two PPDs or an FDA approved blood t		PPD #1//	//mm	
of prior BCG within the past 6 months	of matriculation	PPD #2//	// mm	
or			- -	
FDA approved blood test (attach lab r		//	□ Negative □ Positive	
If PPD positive (\geq 10 mm), is the patient free of	TB symptoms? UYes UNo	Disadasat		
Treated? Yes No For positive PBD: a permal sheet x ray or posst	ive EDA approved blood	Blood test		
For positive PPD: a normal chest x-ray or negat test is required within the past 6 months (attac		// Chest x-ray	□ Negative □ Positive	
blood test: a chest x-ray is required within the		//	□ Normal □ Findings:	
report)	pust o months (attach			
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		/ /		
COVID-19 vaccine Pfizer Moderna J&J other:				
□ Pfizer □ Moderna □ J&J □ other:				
□ Pfizer □ Modern		_/_/		
Healthcare provider name Signature		·	Date	



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Immunization Record

Last name	First name	DOB (month day year)	RUID or A number

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 (mo day yr)	
Hepatitis A		_// _//	
. 🗖 Gardisil 4 🤆	ardasil 9 🗆 Cervarix ardasil 9 🗖 Cervarix ardasil 9 🗖 Cervarix	_// _// _//	
Japanese Encephalitis		_///	/
Pneumococcal	□ PCV13 □ PPSV23 □ PCV13 □ PPSV23 □ PCV13 □ PPSV23 □ PCV13 □ PPSV23 □ PCV13 □ PPSV23	_// _// _// _//	
Polio booster		_/_/_	
Rabies vaccine		_// _// _//	
Typhoid TyphIM D Vivotif (most recent	dose)	_//	
Yellow Fever		_/_/_	
Healthcare provider			
Print name	Signature		Date



Healthcare Provider Check List

Mandatory Health Form	Students must complete the ONLINE Mandatory Health Form at <u>https://rutgers.medicatconnect.com/</u>				
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)				
	Hepatitis B Surface Antibody QUANTITATIVE titer (the result must be a number) attach lab report.				
	LabCorp test # 006530Quest Diagnostic test # 51938W				
Нер В	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.				
PPD	 □ 2-step PPD* (1-3 weeks apart) regardless of history of BCG 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.