

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 rutgers.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. 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 [here](#).

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

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) vaccine or serologic immunity (attach lab report)	__/__/__ Dose 1 __/__/__ Dose 2 __/__/__	Measles <input type="checkbox"/> Immune <input type="checkbox"/> Non-immune Mumps <input type="checkbox"/> Immune <input type="checkbox"/> Non-immune Rubella <input type="checkbox"/> Immune <input type="checkbox"/> Non-immune
Meningitis ACYW (required for ALL students under 19, first year college students in housing, those with risk factors ^{1,2} , and specific travelers ³) with at least 1 dose since age 16 Meningitis B (required for students with risk factors ¹) ¹ asplenia, sickle cell, N meningitidis lab work, complement deficiency or complement inhibitor use ² HIV ³ travelers to/residents of areas with endemic meningitis	__/__/__ __/__/__ __/__/__ __/__/__ __/__/__	<input type="checkbox"/> Menveo <input type="checkbox"/> Menactra <input type="checkbox"/> Menomune <input type="checkbox"/> Menveo <input type="checkbox"/> Menactra <input type="checkbox"/> Menomune <input type="checkbox"/> Trumenba <input type="checkbox"/> Bexero <input type="checkbox"/> Trumenba <input type="checkbox"/> Bexero <input type="checkbox"/> Trumenba <input type="checkbox"/> Bexero
QUANTITATIVE Hepatitis B Surface Antibody Titer qualitative will not be accepted per CDC guidelines We recommend submitting a Hepatitis B Surface Antigen as well in case immunity is not demonstrated (attach lab reports). If starting the series, at least 1 dose is required prior to enrollment. <input type="checkbox"/> Engerix <input type="checkbox"/> Heplisav <input type="checkbox"/> Twinrix <input type="checkbox"/> Engerix <input type="checkbox"/> Heplisav <input type="checkbox"/> Twinrix <input type="checkbox"/> Engerix <input type="checkbox"/> Heplisav <input type="checkbox"/> Twinrix	__/__/__ Dose 1 __/__/__ Dose 2 __/__/__ Dose 3	Hep B Surface Antibody __/__/__ <input type="checkbox"/> Immune (≥10 mIU/mL) <input type="checkbox"/> Non-immune Hep B Surface Antigen __/__/__ <input type="checkbox"/> Negative <input type="checkbox"/> Positive
Tuberculosis <u>Two</u> PPDs or an FDA approved blood test are required regardless of prior BCG within the past 6 months of matriculation or FDA approved blood test (attach lab report)	PPD placed PPD #1 __/__/__ PPD #2 __/__/__ __/__/__	PPD read induration __/__/__ __ mm __/__/__ __ mm <input type="checkbox"/> Negative <input type="checkbox"/> Positive
If PPD positive (≥10 mm), is the patient free of TB symptoms? <input type="checkbox"/> Yes <input type="checkbox"/> No Treated? <input type="checkbox"/> Yes <input type="checkbox"/> No For positive PPD: a normal chest x-ray or negative FDA approved blood test is required within the past 6 months (attach report). For positive TB blood test: a chest x-ray is required within the past 6 months (attach report)	Blood test __/__/__ Chest x-ray __/__/__	<input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Normal <input type="checkbox"/> Findings:
Adult Tdap (Tetanus, Diphtheria & Acellular Pertusis) (Adacel or Boostrix)	__/__/__	
Varicella (chicken pox) vaccine or Varicella serologic immunity (attach lab report)	__/__/__ Dose1 __/__/__ Dose 2	Antibody __/__/__ <input type="checkbox"/> Immune <input type="checkbox"/> Non-immune
Annual flu (list vaccination for the current flu season)	__/__/__	
COVID-19 vaccine <input type="checkbox"/> Pfizer <input type="checkbox"/> Moderna <input type="checkbox"/> J&J <input type="checkbox"/> other: <input type="checkbox"/> Pfizer <input type="checkbox"/> Moderna <input type="checkbox"/> J&J <input type="checkbox"/> other: <input type="checkbox"/> Pfizer <input type="checkbox"/> Moderna <input type="checkbox"/> J&J <input type="checkbox"/> other:	__/__/__ __/__/__ __/__/__	
Healthcare provider name	Signature	Date



Student Health Services, Piscataway Campus P 732.235.5160
Family Medicine at Monument Square F 732.235.7351
 317 George Street, Suite 100
 New Brunswick, NJ 08901

Use your Rutgers login to upload this completed and signed form into <http://rutgers.medicalconnect.com>
 Questions? Email jb1481@rwjms.rutgers.edu

Immunization Record

Last name	First name	DOB (month day year)	RUID or A number
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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	__/__/__ __/__/__	
Human Papilloma Virus <input type="checkbox"/> Gardasil 4 Gardasil 9 <input type="checkbox"/> Cervarix <input type="checkbox"/> Gardasil 4 Gardasil 9 <input type="checkbox"/> Cervarix <input type="checkbox"/> Gardasil 4 Gardasil 9 <input type="checkbox"/> Cervarix	__/__/__ __/__/__ __/__/__	
Japanese Encephalitis	__/__/__ __/__/__	
Pneumococcal <input type="checkbox"/> PCV13 <input type="checkbox"/> PPSV23 <input type="checkbox"/> PCV13 <input type="checkbox"/> PPSV23 <input type="checkbox"/> PCV13 <input type="checkbox"/> PPSV23 <input type="checkbox"/> PCV13 <input type="checkbox"/> PPSV23	__/__/__ __/__/__ __/__/__ __/__/__	
Polio booster	__/__/__	
Rabies vaccine	__/__/__ __/__/__ __/__/__	
Typhoid <input type="checkbox"/> TyphIM <input type="checkbox"/> Vivotif (most recent dose)	__/__/__	
Yellow Fever	__/__/__	
Healthcare provider		
Print name	Signature	Date

