

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 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. 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 Mandatory Health Form 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	RUID or A number	School/Grad year/program	
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>MMR (Measles, Mumps, Rubella)</b> MMR Dose #1 MMR Dose #2 <b>OR</b> Measles (Rubeola) serologic immunity (attach lab report & list date of lab test) Mumps serologic immunity (attach lab report & list date of lab test) Rubella serologic immunity (attach lab report & list date of lab test)	___/___/___ Dose 1 ___/___/___ Dose 2 ___/___/___	
	___/___/___	<input type="checkbox"/> Immune <input type="checkbox"/> Non-immune
	___/___/___	<input type="checkbox"/> Immune <input type="checkbox"/> Non-immune
	___/___/___	<input type="checkbox"/> Immune <input type="checkbox"/> Non-immune
<b>Meningitis ACYW</b> (required for Rutgers housing), with at least 1 dose since age 16 <input type="checkbox"/> Menveo <input type="checkbox"/> Menactra <input type="checkbox"/> Menomune ACYW-135	___/___/___ ___/___/___	
<b>QUANTITATIVE Hepatitis B Surface Antibody Titer</b> (qualitative will not be accepted per CDC guidelines) (attach lab report) <b>If not immune, Hepatitis B Surface Antigen must be submitted (attach lab report)</b> Hepatitis B doses #1, #2, #3 (if starting the series, at least 1 of 3 doses is required prior to enrollment)	___/___/___ ___/___/___ ___/___/___ Dose 1 ___/___/___ Dose 2 ___/___/___ Dose 3	<input type="checkbox"/> Immune (≥10 mIU/mL) <input type="checkbox"/> Non-immune <input type="checkbox"/> Positive <input type="checkbox"/> Negative
<b>Tuberculosis - Two</b> PPDs or an FDA approved blood test are required regardless of prior BCG (unless #1 is positive) PPD #1 (date placed ___/___/___ ) <b>OR</b> PPD #2 (date placed ___/___/___ ) FDA approved blood test for TB (eg. Quantiferon Gold) (attach report)	<u>Date read</u> ___/___/___ PPD#1 ___/___/___ PPD#2 ___/___/___	___ mm induration ___ mm induration <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> Was the student treated? <input type="checkbox"/> Yes <input type="checkbox"/> No For how long? _____ FDA approved blood test for TB (Quantiferon Gold) (attach report) Chest x-ray required within the past 12 months if TB blood test is positive or not drawn (attach report)	___/___/___ ___/___/___ ___/___/___	___ mm induration <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Normal <input type="checkbox"/> Findings:
<b>Adult Tdap</b> (Tetanus, Diphtheria & Acellular Pertusis) (Adacel or Boostrix)	___/___/___	
<b>Varicella (Chicken Pox)</b> Varicella Dose #1 Varicella Dose #2 <b>OR</b> Varicella serologic immunity (list date and attach lab report)	___/___/___ Dose 1 ___/___/___ Dose 2 ___/___/___	<input type="checkbox"/> Immune <input type="checkbox"/> Non-immune
<b>Annual flu</b> (list vaccination for the current flu season)	___/___/___	
<b>Healthcare provider</b>		Address/Stamp/Phone/Fax
Print name		
Signature	Date	

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

### Immunization Record

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

**Additional vaccinations: Please complete or attach a legible copy.**

**This information will allow us to better care for the student during their time at Rutgers.**

	Date (mo day yr)	Results (if applicable)
<b>Hepatitis A</b>	__/__/__ __/__/__	
<b>Human Papilloma Virus</b> <input type="checkbox"/> Gardasil 4/9 <input type="checkbox"/> Cervarix	__/__/__ __/__/__ __/__/__	
<b>Japanese Encephalitis</b>	__/__/__	
<b>Meningitis B</b> <input type="checkbox"/> Bexsero <input type="checkbox"/> Trumenba	__/__/__ __/__/__ __/__/__	
<b>Pneumococcal</b> <input type="checkbox"/> PCV13 <input type="checkbox"/> PPSV23	__/__/__ __/__/__	
<b>Polio booster</b>	__/__/__	
<b>Rabies vaccine</b>	__/__/__ __/__/__ __/__/__	
<b>Typhoid</b> <input type="checkbox"/> TyphIM <input type="checkbox"/> Vivotif	__/__/__	
<b>Yellow Fever</b>	__/__/__	
<b>Healthcare provider</b>		
Print name	Signature	Date

### Healthcare Provider Check List

<b>Mandatory Health Form</b>	<input type="checkbox"/> Students must complete the <b>ONLINE</b> Mandatory Health Form at <a href="https://patient-rbhs.medicatconnect.com/">https://patient-rbhs.medicatconnect.com/</a>
<b>MMR</b>	<input type="checkbox"/> 2 doses of Measles, Mumps, and Rubella vaccine  <b>OR</b> <input type="checkbox"/> MMR IgG titers showing immunity – <b>attach lab report</b> LabCorp test #058495                      Quest Diagnostic test #85803A
<b>Meningitis</b>	<input type="checkbox"/> Meningococcal ACYW vaccine (required for Rutgers Health Sciences housing application), with at least one (1) dose since age 16
<b>Hep B</b>	<input type="checkbox"/> Hepatitis B Surface Antibody <b>QUANTITATIVE</b> titer (the result must be a number) <b>attach lab report.</b> LabCorp test # 006530                      Quest Diagnostic test # 51938W  <i>If the student is not immune, a Hepatitis B Surface Antigen must be drawn and submitted and the Hep B series restarted.</i>  <input type="checkbox"/> Hepatitis B Surface Antigen - <b>attach lab report</b> LabCorp test # 006510                      Quest Diagnostic test # 265F  <input type="checkbox"/> Please document all doses of Hepatitis B vaccine received on the immunization form  <b>Additional guidance</b> <ul style="list-style-type: none"> <li>• <b>If 3 doses of the Hep B vaccine have not been administered, please defer the Hep B Surface Ab titer until one month after the 3 dose series is complete.</b></li> <li>• <b>These are CDC recommendations for all healthcare workers. The student will not be permitted to matriculate without these tests.</b></li> </ul>
<b>PPD</b>	<input type="checkbox"/> 2-step PPD* (1-3 weeks apart) <b>regardless</b> of history of having received BCG <ul style="list-style-type: none"> <li>• Please include date placed and date read in millimeters of <b>induration</b></li> <li>• For a PPD <math>\geq</math>10 mm now or in the past, you must submit documentation of the PPD reading and a chest x-ray report within the last 12 months</li> </ul> <b>OR</b> <input type="checkbox"/> an FDA approved blood test for TB (such as Quantiferon Gold) LabCorp test # 182873                      Quest Diagnostic test # 19453
<b>Tdap</b>	<input type="checkbox"/> Adult Tdap (tetanus/diphtheria/ <b>acellular pertussis</b> ) (Adacel/Boostrix) (one-time administration)
<b>Varicella</b>	<input type="checkbox"/> 2 doses of Varicella vaccine, at least 1 month apart  <b>OR</b> <input type="checkbox"/> Varicella IgG titer showing immunity- <b>attach lab report</b> LabCorp test # 096206                      Quest Diagnostic test # 54031E

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