

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

The online Mandatory Health Form includes several tuberculosis risk questions (also listed on the Immunization Record). If any of the questions are positive, you will need to submit a single PPD or FDA approved blood test for tuberculosis. Please review meningitis vaccination requirement. 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, <i>N meningitidis</i> 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
Hepatitis B (if starting the series, at least one dose is required prior to enrollment) <input type="checkbox"/> Enderix <input type="checkbox"/> Heplisav <input type="checkbox"/> Twinrix <input type="checkbox"/> Enderix <input type="checkbox"/> Heplisav <input type="checkbox"/> Twinrix or <input type="checkbox"/> Enderix <input type="checkbox"/> Heplisav <input type="checkbox"/> Twinrix QUANTITATIVE Hep B Surface Antibody showing immunity (attach report)	___/___/___ Dose 1 ___/___/___ Dose 2 ___/___/___ Dose 3	<input type="checkbox"/> Immune (≥10 mIU/mL) <input type="checkbox"/> Non-immune
Tuberculosis: please review with the student to assess need for tuberculin testing. Has the student: 1. Had close contact with persons known or suspected to have active TB disease? 2. Spent more than one month OR was born in: Angola, Bangladesh, Brazil, Cambodia, China, Congo, Central African Republic, North Korea, Congo, Ethiopia, India, Indonesia, Kenya, Lesotho, Liberia, Mozambique, Myanmar, Namibia, Nigeria, Pakistan, Papua New Guinea, Philippines, Russia, Sierra Leone, South Africa, Thailand, Tanzania, Vietnam, Zambia or Zimbabwe 3. Lived in or been employed by a correctional facility, long-term care facility, or homeless shelter? 4. Volunteered or worked with clients/patients at increased risk for active TB disease?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
If the answer is YES to any of the above questions, the student is required to submit TB testing from the past 6 months (through either a PPD or TB blood test, regardless of prior BCG). Please document testing below. Has the student had a positive PPD or TB blood test in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No If PPD positive (now or in the past), is the student free of TB symptoms? <input type="checkbox"/> Yes <input type="checkbox"/> No		PPD Placed ___/___/___ Read ___/___/___ Induration ___ mm
Was the student 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)		TB blood test ___/___/___ <input type="checkbox"/> Negative <input type="checkbox"/> Positive Chest x-ray ___/___/___ <input type="checkbox"/> Normal <input type="checkbox"/> Findings: _____
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

