

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

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





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Use your Rutgers login to upload this completed and signed form into http://rutgers.medicatconnect.com

Questions? Email jb1481@rwjms.rutgers.edu

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 appli	cable
MMR (Measles/Rubeola, Mumps, Rubella	vaccine	// Dose 1		Immune Non-immune
or		// Dose 2	Mumps E	Immune Non-immune
serologic immunity (attach lab report)		_/_/	Rubella C	Immune Non-immune
Meningitis ACYW		_/_/		1enactra ☐Menomune
(required for ALL students under 19, first year college students in		_/_/	■Menveo ■Menactra ■Menomune	
housing, those with risk factors ^{1,2,}	nd specific travelers ³)			
with at least 1 dose since age 16	1.6 . 1	, ,	-	3 0
Meningitis B (required for students with risk factors ¹) ¹ asplenia, sickle cell, N meningitidis lab work, complement deficiency or		_/_/	□Trumenba □	
complement inhibitor use ² HIV ³ travelers to/re			Trumenba	
meningitis	suches of areas with enactine		□Trumenba □	■ Dexei0
Hepatitis B (if starting the series, at least o	ne dose is required prior to			
	ix □Heplisav □Twinrix	// Dose 1		
□Engerix □Heplisav □Twinrix		// Dose 2	// Dose 2	
or □Enge	/ Dose 3			
QUANTITATIVE Hep B Surface Antibody she	wing immunity (attach report)	Immune (≥10 mIU	/mL) 🗖 Non-imr	mune
Tuberculosis: please review with the stude			ent:	
1. Had close contact with persons known			□Yes □No	
2. Spent more than one month OR was born in: Angola, Bangladesh, Brazil			_	□Yes □No
African Republic, North Korea, Congo,			-	
Myanmar, Namibia, Nigeria, Pakistan,		Russia, Sierra Leone, So	outh Africa,	
Thailand, Tanzania, Vietnam, Zambia o				
3. Lived in or been employed by a correctional facility, long-term care facil		-	er?	□Yes □No
4. Volunteered or worked with clients/pa				□Yes □No
If the answer is YES to any of the above qu	•	•	•	PPD
months (through either a PPD or TB blood		•	below.	Placed / / Read
Has the student had a positive PPD or TB to If PPD positive (now or in the past), is the	□Yes □No □Yes □No		Induration mm	
	tudent free of 18 symptoms:	Lifes Livo	TB blood test	
Was the student treated? □Yes □No For positive PPD: a normal chest x-ray or negative FDA approved blood test is required within			□Negative □Positive	
·	•	Chest x-ray		
the past 6 months (attach report). For positive TB blood test: a chest x-ray is past 6 months (attach report)		o required within the	□Normal	. / /
past o months (attach report)			☐Findings:	
COVID-19 vaccine	☐ Moderna ☐ J&J ☐ other:		_/_/	
	☐ Moderna ☐ J&J ☐ other:		//	
	☐ Moderna ☐ J&J ☐ other:		_/_/	
Healthcare provider name	Signature		Date	
			L	



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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)	Results (if applicable)
Adult Tdap ☐ Tdap ☐ T	.d		_/_/_	
Varicella (Chicken Pox)				
Varicella Dose #1			//	
Varicella Dose #2			_//_	
OR			, ,	☐ Immune
Varicella serologic immunity (list date and attach lab report)			<u> _ / _ / </u>	☐ Non-immune
Annual flu (list vaccination for the current flu season)		ason)	_/_/_	
Hepatitis A			_/_/_	
Human Papilloma Virus	☐ Gardisil 4 Gar	rdasil 9 🔲 Cervarix	_/_/_	
		rdasil 9 🔲 Cervarix	_/_/_	
	☐ Gardisil 4 Gar	rdasil 9 Cervarix	_/_/_	
Japanese Encephalitis			/ /	
Japanese Liicephanus			- ' - ' -	
Pneumococcal	Γ	□ PCV13 □ PPSV23	_/_/_	
		□ PCV13 □ PPSV23	_/_/_	
		□ PCV13 □ PPSV23	_ / _; / _;	
	L	□ PCV13 □ PPSV23	_/_/_	
Polio booster			_/_/_	
Rabies vaccine			_/ <u>,</u> /_	
			— / , — / , —	
Typhoid ☐ TyphIM ☐ Viv	votif (most recent do	ose)	_/_/_	
Yellow Fever			_/_/_	
Healthcare provider				
Print name		Signature		Date



Healthcare Provider and student checklist (REQUIRED ITEMS)

Mandatory Health Form	☐ Students must complete an ONLINE Mandatory Health Form at https://rutgers.medicatconnect.com/
MMR	□ 2 doses of Measles, Mumps, and Rubella vaccine (first dose must be after age 1) 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, thosewith asplenia, sickle cell, N meningitidis lab work, complement deficiency or complementinhibitor 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, N meningitidis lab work, complement deficiency or complement inhibitor use)
Нер В	 ☐ Complete series of Hepatitis B vaccine (3 doses of Engerix or 2 doses of Heplisav) OR ☐ Hepatitis B Surface Antibody QUANTITATIVE titer (the result must be a number) attach lab report. LabCorp test # 006530 Quest Diagnostic test # 51938W
	Students are assessed for tuberculosis risk through a series of questions on the online Mandatory Health Form (also listed on the immunization record). Students with past or current risk will need to submit
PPD	either a single PPD or FDA approved blood test. Testing must occur regardless of receiving BCG in the past. The questions are listed in the Immunization Record. □ 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
PPD Tdap	either a single PPD or FDA approved blood test. Testing must occur regardless of receiving BCG in the past. The questions are listed in the Immunization Record. □ 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)
	either a single PPD or FDA approved blood test. Testing must occur regardless of receiving BCG in the past. The questions are listed in the Immunization Record. □ 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

^{*} Students working in healthcare with two or more up-to-date annual PPDs may submit that documentation to fulfil this requirement.