

Student Health Services Rutgers Health Sciences Campus at Newark 90 Bergen Street, Suite 1750 Newark, NJ 07103 p 973-972-7687 f 973-972-0018

Dear Visiting or Continuing Education 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 Packet.

Please make sure to have your health care provider complete, sign and date the Immunization Packet and attach all supporting immunization records. Review the checklist with your healthcare provider so that the appropriate tests are performed. Your provider may not be familiar with some of these requirements, but they are 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.

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. If you have received annual PPDs or tuberculosis blood tests, you may submit those instead.

The RBHS "Student Immunization & Health Requirements" Policy may be accessed at https://policies.rutgers.edu/file/3129/download?token=RgpyIjFa

If you have any questions, require additional information, or need a recommendation for a local health care provider, please contact Student Health Services at: 973-972-7687. The forms and additional immunization records must be submitted electronically via the link below. Please allow two (2) weeks for the Immunization Team to review your documents and notify you via secure email of their status. Be sure to keep a copy of your paperwork for your own records.

Submission Link: https://redcap.link/2v54qcyh

Sincerely,

Noa'a Shimoni MD MPH

Medical Director



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Upload this completed and signed form into https://redcap.link/2y54qcyh

## 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.

Trutt in to be completed and sign		
	Date (mo day yr)	Results if applicable
MMR (Measles/Rubeola, Mumps, Rubella) vaccine	//Dose 1 // Dose 2	Measles
or serologic immunity (attach lab report)	_/_/	Mumps □Immune □Non-immune Rubella □Immune □Non-immune
Meningitis ACYW	_/_/	■Menveo ■Menactra ■Menomune
(required for <b>ALL</b> students under 19, first year college students in housing, those with risk factors <sup>1,2,</sup> and specific travelers <sup>3</sup> ) with at least 1 dose since age 16	_/_/	■Menveo ■Menactra ■Menomune
Meningitis B (required for students with risk factors <sup>1</sup> )	//	☐Trumenba ☐Bexero
¹asplenia, sickle cell, N meningitidis lab work, complement deficiency or	//	□Trumenba □Bexero
complement inhibitor use <sup>2</sup> HIV <sup>3</sup> travelers to/residents of areas with endemic	_/_/	□Trumenba □Bexero
meningitis  QUANTITATIVE Hepatitis B Surface Antibody Titer		
qualitative will not be accepted per CDC guidelines		Hep B Surface Antibody//
We recommend submitting a Hepatitis B Surface Antigen as well in case immunity		☐ Immune (≥10 mIU/mL)
is not demonstrated (attach lab reports). If starting the series, at least 1 dose is required prior to enrollment.		□ Non-immune
☐Engerix ☐Heplisav ☐Twinrix	// Dose 1	Hep B Surface Antigen//
□Engerix □Heplisav □Twinrix	// Dose 2	□ Negative
□Engerix □Heplisav □Twinrix	// Dose 3	☐ Positive
Tuberculosis	PPD placed	PPD read induration
<u>Two</u> PPDs or an FDA approved blood test are required regardless		// mm
of prior BCG within the past 6 months of matriculation	PPD #2//	// mm
or FDA approved blood test (attach lab report)	/ /	☐ Negative ☐ Positive
If PPD positive (≥10 mm), is the patient free of TB symptoms? □Yes □No		
Treated? □Yes □No	Blood test	
For positive PPD: a normal chest x-ray or negative FDA approved blood	//	☐ Negative ☐ Positive
test is required within the past 6 months (attach report). For positive TB	Chest x-ray	
blood test: a chest x-ray is required within the past 6 months (attach	_/_/	☐ Normal ☐ Findings:
report)		
Adult Tdap (Tetanus, Diphtheria & Acellular Pertusis) (Adacel or Boostrix)	//	
Varicella (chicken pox) vaccine	/ / Doco1	Antibody//  Immune
or	// Dose1 // Dose 2	☐ Non-immune
Varicella serologic immunity (attach lab report)		■ Non-initialie
Annual flu (list vaccination for the current flu season)	//	
COVID-19 vaccine □ Pfizer □ Moderna □ J&J □ other:	_/_/	
□ Pfizer □ Moderna □ J&J □ other:	_/_/	
□ Pfizer □ Moderna □ J&J □ other:		
Healthcare provider name Signature		Date



## **Healthcare Provider Check List**

MMR	<ul> <li>☐ 2 doses of Measles, Mumps, and Rubella vaccine OR</li> <li>☐ MMR IgG titers showing immunity – attach lab report         LabCorp test #058495         Quest Diagnostic test #85803A     </li> </ul>				
Meningitis ACYW Meningitis B	<ul> <li>□ 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</li> <li>□ Meningitis B (required for students with asplenia, sickle cell, N meningitidis lab work, complement deficiency or complement inhibitor use)</li> </ul>				
Нер В	<ul> <li>☐ Hepatitis B Surface Antibody QUANTITATIVE titer (the result must be a number) attach lab report.         LabCorp test # 006530         Quest Diagnostic test # 51938W     </li> <li>Please draw a Hepatitis B Surface Antigen as well since it will have to besubmitted if the student fails to demonstrate immunity.     </li> <li>☐ Hepatitis B Surface Antigen - attach lab report         LabCorp test # 006510         Quest Diagnostic test # 265F     </li> <li>Please document all doses of Hepatitis B vaccine received on the immunization form</li> <li>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.     </li> </ul>				
PPD	<ul> <li>2-step PPD* (1-3 weeks apart) regardless of history of BCG</li> <li>Please include date placed and date read in millimeters of induration</li> <li>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</li> <li>OR</li> <li>an FDA approved blood test for TB (such as Quantiferon Gold)         LabCorp test # 182873         Quest Diagnostic test # 19453     </li> </ul>				
Tdap	Adult Tdap (tetanus/diphtheria/acellular pertussis) (Adacel/Boostrix) (one-time administration)				
Varicella	<ul> <li>☐ 2 doses of Varicella vaccine, at least 1 month apart OR</li> <li>☐ Varicella IgG titer showing immunity- attach lab report         LabCorp test # 096206         Quest Diagnostic test # 54031E     </li> </ul>				
COVID-19 vaccine	Please document all doses of COVID-19 vaccines.				

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