

Dear Rutgers University Student:

Congratulations on your decision to enroll in Rutgers University! Prior to your enrollment, immunization and health testing information is needed to meet the New Jersey laws and University requirements for immunization. These laws and requirements are designed to assist in maintaining your health and the health of others you come in contact with while on campus.

### REQUIRED IMMUNIZATIONS

- **MMR – 2 Doses OR blood test results showing immunity to MMR**
- **Meningococcal Vaccination – required** for ALL undergraduate, graduate and transfer students who are in University housing. At least one dose after the age of 16 or within five years of the original vaccine.
- **TB Testing** for non-immigrant visa holders born in in a country with a high prevalence of TB.
- **Hepatitis B – Three dose series** for students taking 12 or more credits per semester or proof of immunity.

### Please Note:

- You will not receive your room assignment or key on move-in day until the immunization requirement for meningococcal vaccination is met.
- Grades/transcripts will be withheld if the immunization requirement for MMR is not met.
- After forms are submitted, it may take five to seven days for data entry to be completed.
- Those students enrolled in fully online program without any on-campus attendance requirements will automatically be exempt by the course director.

### EXEMPTION

- Exemption for required immunizations will be allowed only on bona fide religious or medical grounds, with written statements from the student explaining the conflict with religious beliefs for a religious exemption and from a doctor explaining the medical contraindication for a medical exemption. Please download the form with instructions for completion.
- In the event of a contagious outbreak, any student who has been exempted from immunizations will not be allowed to remain on campus until the outbreak is declared over.
- *See Appendix B for further details*

### FORM COMPLETION AND RETURN DEADLINE

It is important that your healthcare provider accurately completes ALL sections and signs the attached Pre-Entrance Immunization Record. All immunization forms must be completed and returned no later than **July 15** for students entering in the Fall semester and **January 5** for students entering in the Spring semester (students admitted to the University after the deadline should return forms without delay). **Forms MUST be signed by the student and healthcare provider.**

### NOT REQUIRED, BUT RECOMMENDED

- While regular preventative care and health maintenance visits with your healthcare provider are recommended, a full physical examination is not required.

### Questions:

If you have any questions about the Pre-Entrance Immunization Record, please visit our website at <http://health.rutgers.edu/>, email us at [vaccine@rci.rutgers.edu](mailto:vaccine@rci.rutgers.edu) or call the health center on your campus. Also, visit your Rutgers Portal / Enrollment pathway for verification of submitted immunization and compliance. We look forward to having you join the Rutgers Community. Remember, Rutgers Health Services is available to you for your healthcare needs.

Camden  
856-225-6005

Sincerely,

**APPENDIX A**

**Immunization Record**

<b>PART I: To be completed by the student</b>					
Last name	First name	MI	RU ID #	/ Anticipated Year of Graduation	
Date of Birth	Street Address			City	State Zip
Telephone (cell)		Email			

**The following immunizations are required for University students**

<b>PART II: To be completed and signed by health care provider</b>					
VACCINE	DOSE #1 DATE	DOSE #2 DATE	DOSE #3 DATE	DATE OF POSITIVE IMMUNE TITER	
<b>1. MMR (Measles, Mumps, Rubella)</b> <u>2 Doses REQUIRED or Immunity Titer</u> All doses of MMR, given singly or in combination, must be given after 1 year of age and at least one month apart. MMR requirement is only for those born in 1957 or later.					
<b>OR</b>					
MEASLES <u>2 Doses REQUIRED</u>					
MUMPS <u>2 Doses REQUIRED</u>					
RUBELLA (German Measles) <u>2 Doses REQUIRED</u>					
<b>2. *MENINGOCOCCAL MENINGITIS</b>  <u>REQUIRED</u> for all undergraduate, graduate and transfer students who are living in University housing. At least one (1) dose required since age 16.					
<b>3. HEPATITIS B</b>  <u>REQUIRED</u> 3 doses or immunity titer for students taking 12 or more credits per semester.					
<b>TB TESTING</b> Rutgers University requires <u>Tuberculosis Testing</u> (Mantoux PPD or FDA approved blood test) within 6 months prior to attending the University and chest x-ray report (if indicated for positive results) for incoming students who hold non-immigrant visas and were born or grew up in a country* with a high prevalence of tuberculosis. Testing is required regardless of prior BCG vaccination.  It is easier to list the countries that DO NOT have a high incidence of TB and therefore, individuals from the following countries DO NOT require screening tuberculin testing: Canada, Jamaica, Saint Kitts and Nevis, Saint Lucia, Virgin Islands, Belgium, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Italy, Liechtenstein, Luxembourg, Malta, Monaco, Netherlands, Norway, San Marino, Sweden, Switzerland, United Kingdom, American Samoa, Australia, Austria or New Zealand. All others not listed in the above list are required to submit PPD status.					
<b>4. TUBERCULOSIS TESTING</b> <u>REQUIRED</u> for non-immigrant visa holders born in a country with a high prevalence of TB (If past positive TB test, do not repeat.)	'8 UY	'Positive	Negative	Result	
A. Tuberculin Skin Test (Mantoux)				_____mm	
<b>OR</b>					
B. An FDA approved blood test for TB (such as Quantiferon Gold) LabCorp test # 182873 Quest Diagnostic test # 19453					
C. If <b>positive TB test</b> now or in the past: Supply X-ray result and treatment date, if applicable.	X-ray Date	Normal	Abnormal	Treatment Date	

OTHER VACCINATIONS: (Consult your personal physician or Rutgers Health Services if you have questions about these immunizations)	DOSE #1 DATE	DOSE #2 DATE	DOSE #3 DATE	DATE OF POSITIVE IMMUNE TITER
Hepatitis A				
HPV Vaccine <input type="checkbox"/> Gardasil <input type="checkbox"/> Gardasil 9 <input type="checkbox"/> Cervarix				
Polio				
TD				
Tdap (Adult) One-time administration				
Varicella (Chickenpox)				

\* Meningococcal Meningitis, the second most common cause of Bacterial Meningitis in the United States, is a rare, but potentially fatal disease with early symptoms that resemble the flu, making diagnosis difficult. It causes inflammation of the membranes surrounding the brain, spinal cord and can also infect the blood stream. Progressive symptoms include high fever, severe headache, stiff neck, confusion, nausea, vomiting, exhaustion and/or rash. If not treated early, meningitis can lead to severe disabilities and death. Despite appropriate antibiotic treatment, nearly 10% will die. The disease strikes about 3,000 Americans yearly and claims 300 lives. It is estimated that between 100 and 125 Meningitis cases occur on college campuses alone, and that as many as 16 students will die from the disease annually. Meningococcal bacteria are transmitted by air droplets (coughing or sneezing) and by direct contact with an infected person (sharing a glass, cigarette or kissing). Meningococcal infection is not contracted by casual contact, such as being in a classroom. It occurs throughout the year, but usually peaks in late winter and early spring.

On February 26, 2015, the US Center for Disease Control & Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) voted to recommend serogroup B meningococcal vaccination for ONLY persons aged 10 years or older at increased risk for meningococcal disease, including:

- Persons with persistent complement component deficiencies.
- Persons with anatomic or functional asplenia.
- Microbiologists routinely exposed to isolates of *Neisseria meningitidis*.
- Persons identified to be at increased risk because of serogroup B meningococcal disease outbreak.

As a result of state immunization law, Rutgers University requires new, first year undergraduates, graduates and transfer students who live in campus housing receive the standard Meningococcal vaccine. Research shows that first year students living in residence halls may have up to a six fold increased risk for the disease as compared with college students overall. Since the disease can affect people of any age, other college students may wish to consider the vaccination.

More information about meningococcal disease can be found at:  
<http://www.nj.gov/health/cd/meningo/index.shtml>  
<http://www.cdc.gov/vaccines/hcp/vis/vis-statements/mening.html>

**I have received information about the nature of meningococcal meningitis disease, disease prevention and treatment, and the availability of meningococcal vaccine to prevent disease. Further, I understand in the event of an outbreak, the Commissioner of Health or designee may issue additional immunization requirements to meet the public health emergency. In the event of this type of contagious outbreak, any student who has been exempted from or failed to comply with the pertinent immunization may not be allowed on campus until the outbreak is over.**

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

 **REQUIRED**

 **Return Forms To:**

HEALTH CARE PROVIDER Name, Address  
AND SIGNATURE (**REQUIRED**)

**By Email:**    [vaccine@rci.rutgers.edu](mailto:vaccine@rci.rutgers.edu)  
**By Mail:**     RUTGERS UNIVERSITY  
                      ATTENTION: IMMUNIZATIONS  
                      57 US HIGHWAY 1  
                      NEW BRUNSWICK, NJ 08901

## **APPENDIX B:**

### **Instructions for accessing the New Jersey Immunization Requirements**

- [http://www.nj.gov/health/cd/documents/instructions\\_viewing\\_regulations.pdf](http://www.nj.gov/health/cd/documents/instructions_viewing_regulations.pdf)

#### **Q: What is considered grounds for filing a medical exemption?**

A: A medical exemption must indicate a specific period of time in which the child cannot receive specific vaccinations. Reason(s) for medical contraindication must be enumerated by the ACIP and the American Academy of Pediatrics (AAP). Precautions to receiving a vaccine are not contraindications but a provider must take into consideration

<http://www.immunize.org/catg.d/p3072a.pdf>

#### **Q: Do medical exemptions have to be renewed annually?**

A: Medical exemptions need to be reviewed, but not necessarily updated, annually. Per NJAC 8:57-4.3 (c), when a child's medical condition permits immunization, this exemption terminates and the child will be required to obtain the immunization(s) from which he/she has been exempted. A medical exemption must indicate a specific period of time in which the child cannot receive specific vaccinations.

For example if a child was granted a medical exemption because he/she was on medication that was contraindicated for one or more vaccines, that child would not be required to receive those specific vaccinations until the specified time period has elapsed. If the child is still medically contraindicated and the time period has elapsed, a new medical exemption would need to be submitted.

#### **Q: What should be included in an acceptable religious exemption?**

A: A religious exemption is not the same as a philosophical, moral or conscientious exemption. A religious exemption does not have to include the name of the religion, nor does it need to be notarized nor does it need to be signed by a religious leader. It can be filed by a parent or guardian of a minor or by an adult individual.

All schools, child care centers, and local health officers may be advised that the religious exemption extends to private, parochial, and public institutions. When a parent or guardian submits their written religious exemption to immunization, which contains some religious reference, those persons charged with implementing administrative rules at N.J.A.C. 8:57 – 4.4, should not question whether the parent's professed religious statement or stated belief is reasonable, acceptable, sincere and bona fide. In practice, if the written statement contains the word "religion" or "religious" or some reference thereto, then the statement should be accepted and the religious exemption of mandatory immunization(s) granted. Please note, religious-affiliated schools cannot be challenged on their decision.

#### **Q: Do religious exemptions have to be renewed annually?**

A: Religious exemptions do not need to be updated yearly. However, if children receive vaccines after a religious exemption has been granted, the exemption would become null and void.

The following example may provide some clarification: In the beginning of the school year, a child was granted a religious exemption so he/she did not have to receive any of the required vaccines. Later on in the school year, the child provides documentation of receiving one dose of Tdap (or another required vaccine). Since the child now has received a vaccine from which he was previously exempted, the religious exemption is now null and void. This means he would now be responsible for receiving all of the required vaccines from which he was previously exempted.

**APPENDIX C**

**Rutgers Health Services**

**Immunization Exemption Form**

<b>Last Name</b>	<b>First Name</b>	<b>MI</b>	<b>RU ID#</b>
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**RELIGIOUS GROUNDS**

Receipt of vaccination and immunization would conflict with his/her sincere religious beliefs.  
(To be explained by student)

**Please explain**

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**MEDICAL GROUNDS**

(To be explained by Physician)

**Please explain**

**Physician's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I understand that in the event of an outbreak: 8:57-4.19 Emergency powers of the Commissioner of Health and Senior Services:

- a) *In the event that the Commissioner, Department of Health and Senior Services or his or her designee determines either that an outbreak or threatened outbreak of disease or other public health immunization emergency exists, the Commissioner or his or her designee may issue either additional immunization requirements to control the outbreak or threat of an outbreak or modify immunization requirements to meet the emergency.*
- b) *All students failing to meet these additional requirements shall be excluded from a school until the outbreak or threatened outbreak is over.*
- c) *These requirements or amendments to the requirements shall remain in effect until such time as the Commissioner, Department of Health and Senior Services or his or her designee determines that an outbreak or a threatened outbreak no longer exists or the emergency is declared over or for three months after the declaration of the emergency, whichever one comes first. The Commissioner, Department of Health and Senior Services or his or her designee may re-declare a state of emergency if the emergency has not ended.*

**APPENDIX D**

**Health Care Provider Check List**

*Bring this checklist with you to your Doctor to aid in filling out the necessary paperwork*

**REQUIRED**

<b>TB Testing</b>	<input type="checkbox"/> PPD (Mantoux test) <ul style="list-style-type: none"> <li>• Please include date placed and date read with millimeters of <b>induration</b></li> <li>• For a PPD <math>\geq 10</math> mm now or in the past, you must submit a chest x-ray report and treatment date, if applicable.</li> </ul> <p style="text-align: center;"><b>OR</b></p> <input type="checkbox"/> FDA approved blood test for TB (such as Quantiferon Gold) - <b>attach lab report</b> LabCorp test # 182873                      Quest Diagnostic test # 19453 <ul style="list-style-type: none"> <li>• For a positive blood test for TB now or in the past, you must submit a chest x-ray report and treatment date, if applicable.</li> </ul> <p>*Please do testing (either PPD or Blood Test for TB) <b>regardless</b> of history of having received BCG</p>
<b>MMR</b>	<input type="checkbox"/> 2 doses of Measles, Mumps, and Rubella vaccine. (1 <sup>st</sup> dose given after the first birthday and 2 <sup>nd</sup> dose least one month after the 1 <sup>st</sup> dose) <p style="text-align: center;"><b>OR</b></p> <input type="checkbox"/> MMR IgG titers showing immunity – <b>attach lab report</b> LabCorp test #058495                      Quest Diagnostic test #85803A
<b>Hepatitis B</b>	<input type="checkbox"/> 3 doses of Hepatitis B vaccine are required <p style="text-align: center;"><b>OR</b></p> <input type="checkbox"/> Hepatitis B Surface Antibody titer
<b>Meningitis</b>	<input type="checkbox"/> Meningococcal vaccine (required for Rutgers housing application), with at least one (1) dose since age 16

**OPTIONAL: Not required, but recommended**

<b>Tdap</b>	<input type="checkbox"/> Adult Tdap (tetanus/diphtheria/ <b>acellular pertussis</b> ) (Adacel/Boostrix) (one-time administration within the last 10 years).
<b>Varicella</b>	<input type="checkbox"/> 2 doses of Varicella vaccine, at least 1 month apart <p style="text-align: center;"><b>OR</b></p> <input type="checkbox"/> Varicella IgG titer showing immunity- attach lab report LabCorp test # 096206                      Quest Diagnostic test # 54031E