Congratulations on your decision to enroll in Rutgers University!

Prior to your enrollment, you need to meet the health and immunization requirements mandated by New Jersey State laws and University policies. The requirements are designed to protect your health, and the health of others including fellow students, staff and clinical patients.

All health and immunization requirements and forms are found on the Rutgers Immunization Portal (https://rutgers.medicatconnect.com). Login to the Portal using your netid and password and then select Rutgers from the dropdown list to enter the Rutgers site.

**REQUIREMENTS**

1. **Online Mandatory Health Form**

   Complete the Mandatory Health Form, found in the “Forms” tab of the Rutgers Immunization Portal (https://rutgers.medicatconnect.com).

2. **Immunization Record**

   - From the Rutgers Immunization Portal (https://rutgers.medicatconnect.com), click on your school/program and then download/print the appropriate immunization packet for your school. The specific Immunizations required for your school are listed on the immunization record form and healthcare provider check list in the packet.
     - Give your healthcare provider the full packet, including Healthcare Provider Checklist and immunization record form to ensure that all appropriate tests are performed and all appropriate records are included.
     - It is important that your healthcare provider accurately completes ALL sections of the immunization packet, signs the Immunization Record, and attaches any additional documents as listed on the form, such as lab results or x-ray results.
   - Once your immunization record has been completed and signed, upload it to the “Upload” tab on the Rutgers Immunization Portal (https://rutgers.medicatconnect.com).
     - Don’t forget to include any supporting materials provided by your healthcare provider such as lab reports and x-rays.
   - After your immunization record has been uploaded, enter your immunization dates and dates/results of any supporting tests in the “Immunization” tab on this page.
     - Your entries will be verified based on the documentation provided. Unsubstantiated entries will be rejected.

The Immunization Record must be completed even if you are requesting a specific exemption for medical or religious reasons. More information on exemptions is provided on the portal instruction page (https://rutgers.medicatconnect.com).

**DEADLINES**

All forms must be submitted 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 the forms without delay.

Completing these requirements can take time, so please keep that in mind when scheduling your appointment with your healthcare provider.
If you have any questions about your immunization and health requirements please contact the health center on your campus or email us at vaccine@echo.rutgers.edu.
### PART I: To be completed by the student. Please print or type.

<table>
<thead>
<tr>
<th>Last name</th>
<th>First name</th>
<th>MI</th>
<th>RUID or A number</th>
<th>School/Grad year/program</th>
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<thead>
<tr>
<th>DOB (month day year)</th>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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<tr>
<th>Telephone (cell)</th>
<th>Email</th>
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### PART II: To be completed and signed by health care provider (all items must be completed)

<table>
<thead>
<tr>
<th>Date (mo day yr)</th>
<th>Results (if applicable)</th>
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<tbody>
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#### MMR (Measles, Mumps, Rubella)

- MMR Dose #1
- MMR Dose #2

#### OR

- 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)

<table>
<thead>
<tr>
<th>Date (mo day yr)</th>
<th>Immune</th>
<th>Non-immune</th>
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#### Meningitis ACYW (required for Rutgers housing), with at least 1 dose since age 16

- Menevo
- Menactra
- Menomune ACYW-135

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<thead>
<tr>
<th>Date (mo day yr)</th>
<th>Immune</th>
<th>Non-immune</th>
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#### Hepatitis B

- Series (if starting the series, at least 1 of 3 doses is required prior to enrollment)

<table>
<thead>
<tr>
<th>Date (mo day yr)</th>
<th>Dose 1</th>
<th>Dose 2</th>
<th>Dose 3</th>
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</table>

#### OR

- QUANTITATIVE Hepatitis B Surface Antibody showing immunity (attach lab report)

<table>
<thead>
<tr>
<th>Date (mo day yr)</th>
<th>Immune (≥10 mIU/mL)</th>
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#### Tuberculosis – please review with the student to assess his/her need for tuberculin testing. Has the student:

1. Had close contact with persons known or suspected to have active TB disease? 
   - Yes ☐ No ☐
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? 
   - Yes ☐ No ☐
4. Volunteered or worked with clients/patients at increased risk for active TB disease? 
   - Yes ☐ 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? If yes, please document testing below.

- PPD (date placed __ __ __ )
  - Date read: __ __ __
  - mm induration __ __ __

- OR
  - FDA approved blood test for TB (eg. Quantiferon Gold) (attach report)
    - Date: __ __ __
    - mm induration __ __ __
    - Positive ☐ Negative ☐

#### If PPD positive (now or in the past), is the patient free of TB symptoms? 

- Yes ☐ No ☐

  - If Yes
    - Was the student treated? ☐ Yes ☐ No
    - For how long? __ __ __

  - If PPD positive (now or in the past), is the patient free of TB symptoms? 
    - Yes ☐ No ☐

  - FDA approved blood test for TB (Quantiferon Gold or T spot) (attach report)
    - Chest x-ray required within the past 12 months if TB blood test is positive or not drawn (attach report)
      - Date: __ __ __
      - Normal ☐ Findings: __ __ __

### Healthcare provider

<table>
<thead>
<tr>
<th>Address/Stamp/Phone/Fax</th>
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<table>
<thead>
<tr>
<th>Print name</th>
<th>Signature</th>
<th>Date</th>
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</table>
**Immunization Record**

<table>
<thead>
<tr>
<th>Last name</th>
<th>First name</th>
<th>DOB (month day year)</th>
<th>RUID or A number</th>
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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.

<table>
<thead>
<tr>
<th>Adult Tdap</th>
<th>Tdap</th>
<th>Td</th>
<th>Date (mo day yr)</th>
<th>Results (if applicable)</th>
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**Varicella (Chicken Pox)**

Varicella

Dose #1
Varicella Dose #2

OR

Varicella serologic immunity (list date and attach lab report)

__ / __ / __

**Annual flu** (list vaccination for the current flu season)

__ / __ / __

**Hepatitis A**

__ / __ / __

__ / __ / __

**Human Papilloma Virus**

□ Gardisil 4/9 □ Cervarix

__ / __ / __

__ / __ / __

**Japanese Encephalitis**

__ / __ / __

**Meningitis B**

□ Bexsero □ Trumenba

__ / __ / __

__ / __ / __

**Pneumococcal**

□ PCV13 □ PPSV23

__ / __ / __

__ / __ / __

**Polio booster**

__ / __ / __

**Rabies vaccine**

__ / __ / __

__ / __ / __

**Typhoid**

□ TyphIM □ Vivotif

__ / __ / __

**Yellow Fever**

__ / __ / __

Healthcare provider

Print name | Signature | Date
-----------|-----------|---------


Use your Rutgers login to upload this completed and signed form into [https://rutgers.medcatconnect.com](https://rutgers.medcatconnect.com)
Use your Rutgers login to upload this completed and signed form into [https://rutgers.medicatconnect.com](https://rutgers.medicatconnect.com)

### Healthcare Provider Check List

<table>
<thead>
<tr>
<th>Mandatory Health Form</th>
<th>□ Students must complete the <strong>ONLINE</strong> Mandatory Health Form at <a href="https://rutgers.medicatconnect.com/">https://rutgers.medicatconnect.com/</a></th>
</tr>
</thead>
</table>
| **MMR**              | □ 2 doses of Measles, Mumps, and Rubella vaccine  
                        | **OR**  
                        | □ MMR IgG titers showing immunity – [attach lab report](#)  
                        | LabCorp test #058495  
                        | Quest Diagnostic test #85803A |
| **Meningitis**       | □ Meningococcal ACYW vaccine (required for Rutgers Health Sciences housing application), with at least one (1) dose since age 16 |
| **Hepatitis B**      | □ 3 doses of Hepatitis B vaccine are required  
                        | **OR**  
                        | □ Hepatitis B Surface Antibody **QUANTITATIVE** titer (the result must be a number) [attach lab report](#)  
                        | LabCorp test #006530  
                        | Quest Diagnostic test #265F |
| **PPD**              | 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 either a single PPD or FDA approved blood test. Testing must occur **regardless** of receiving BCG in the past. The questionnaire is attached for your reference.  
                        | □ PPD  
                        | • Please include date placed and date read in millimeters of **induration**  
                        | For a PPD ≥10 mm now or in the past, reading and a chest x-ray report within the last 12 months  
                        | • students must submit documentation of the PPD **OR**  
                        | □ an FDA approved blood test for TB (such as Quantiferon Gold)  
                        | • If positive, students must submit a chest x-ray report within the last 12 months  
                        | LabCorp test #182873  
                        | Quest Diagnostic test #19453 |
| **Tdap**             | This vaccination is highly recommended once after age 19 for everyone. If you will be spending time in a lab or a clinical environment, it is your responsibility to obtain this vaccination.  
                        | □ Adult Tdap (tetanus/diphtheria/acellular pertussis) (Adacel/Boostrix) (one-time administration) |
| **Varicella**        | Please document the student’s varicella vaccinations or titers if known. |