

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.

Immunization Record

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)	Street Address		City	State	Zip
Telephone (cell)		Email			

PART II: To be completed and signed by health care provider (all items must be completed)

	Date (mo day yr)	Results (if applicable)
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)	___/___/___ Dose 1 ___/___/___ Dose 2	
	___/___/___	<input type="checkbox"/> Immune <input type="checkbox"/> Non-immune
	___/___/___	<input type="checkbox"/> Immune <input type="checkbox"/> Non-immune
	___/___/___	<input type="checkbox"/> Immune <input type="checkbox"/> Non-immune
Meningitis ACYW (required for Rutgers housing), with at least 1 dose since age 16 <input type="checkbox"/> Menveo <input type="checkbox"/> Menactra <input type="checkbox"/> Menomune ACYW-135	___/___/___ ___/___/___	
Hepatitis B Series (if starting the series, at least 1 of 3 doses is required prior to enrollment) OR QUANTITATIVE Hepatitis B Surface Antibody showing immunity (attach lab report)	___/___/___ Dose 1 ___/___/___ Dose 2 ___/___/___ Dose 3 ___/___/___	<input type="checkbox"/> Non-immune <input type="checkbox"/> Immune (≥10 mIU/mL)
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? 2. Spent more than one month OR was born in: <i>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</i> 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? If yes, please document testing below.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
PPD (date placed ___/___/___) Date read: ___/___/___ OR FDA approved blood test for TB (eg. Quantiferon Gold) (attach report)	___/___/___ ___/___/___	___ mm induration <input type="checkbox"/> Positive <input type="checkbox"/> Negative
If PPD positive (now or in the past), is the patient free of TB symptoms? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was the student treated? <input type="checkbox"/> Yes <input type="checkbox"/> No For how long? _____ FDA approved blood test for TB (Quantiferon Gold or T spot) (attach report)	<input type="checkbox"/> Yes <input type="checkbox"/> No ___/___/___	<input type="checkbox"/> Positive <input type="checkbox"/> Negative
Chest x-ray required within the past 12 months if TB blood test is positive or not drawn (attach report)	___/___/___	<input type="checkbox"/> Normal <input type="checkbox"/> Findings:
Healthcare provider		Address/Stamp/Phone/Fax
Print name		
Signature	Date	

Immunization Record

Last name	First name	DOB (month day year)	RUID or A number
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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.

	Date (mo day yr)	Results (if applicable)
Adult Tdap <input type="checkbox"/> Tdap <input type="checkbox"/> Td	_ / _ / _	
Varicella (Chicken Pox) Varicella Dose #1 Varicella Dose #2 OR Varicella serologic immunity (list date and attach lab report)	_ / _ / _ Dose 1 _ / _ / _ Dose 2 _ / _ / _	<input type="checkbox"/> Immune <input type="checkbox"/> Non-immune
Annual flu (list vaccination for the current flu season)	_ / _ / _	
Hepatitis A	_ / _ / _ _ / _ / _	
Human Papilloma Virus <input type="checkbox"/> Gardisil 4/9 <input type="checkbox"/> Cervarix	_ / _ / _ / _ / _ _ / _ / _	
Japanese Encephalitis	_ / _ / _	
Meningitis B <input type="checkbox"/> Bexsero <input type="checkbox"/> Trumenba	_ / _ / _ / _ / _ _ / _ / _	
Pneumococcal <input type="checkbox"/> PCV13 <input type="checkbox"/> PPSV23	_ / _ / _ _ / _ / _	
Polio booster	_ / _ / _	
Rabies vaccine	_ / _ / _ / _ / _ _ / _ / _	
Typhoid <input type="checkbox"/> TyphIM <input type="checkbox"/> Vivotif	_ / _ / _	
Yellow Fever	_ / _ / _	

Healthcare provider		
Print name	Signature	Date

Healthcare Provider Check List

Mandatory Health Form	<input type="checkbox"/> Students must complete the ONLINE Mandatory Health Form at https://rutgers.medicatconnect.com/
MMR	<input type="checkbox"/> 2 doses of Measles, Mumps, and Rubella vaccine OR <input type="checkbox"/> MMR IgG titers showing immunity – attach lab report LabCorp test #058495 Quest Diagnostic test #85803A
Meningitis	<input type="checkbox"/> Meningococcal ACYW vaccine (required for Rutgers Health Sciences housing application), with at least one (1) dose since age 16
Hepatitis B	<input type="checkbox"/> 3 doses of Hepatitis B vaccine are required OR <input type="checkbox"/> Hepatitis B Surface Antibody QUANTITATIVE titer (the result must be a number) attach lab report. LabCorp test # 006530 Quest Diagnostic test # 265F
PPD	<p>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.</p> <input type="checkbox"/> PPD <ul style="list-style-type: none"> • Please include date placed and date read in millimeters of induration For a PPD ≥ 10 mm now or in the past, • students must submit documentation of the PPD OR <input type="checkbox"/> an FDA approved blood test for TB (such as Quantiferon Gold) <ul style="list-style-type: none"> • If positive, students must submit a chest x-ray report within the last 12 months LabCorp test # 182873 Quest Diagnostic test # 19453
Tdap	<p>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.</p> <input type="checkbox"/> Adult Tdap (tetanus/diphtheria/ acellular pertussis) (Adacel/Boostrix) (one-time administration)
Varicella	Please document the student's varicella vaccinations or titers if known.