



RUTGERS HEALTH

Ernest Mario School of Pharmacy

Student Instructions

1. Print your **immunization record**
 - Log in to rutgers.medicatconnect.com
 - Select Immunizations from the menu
 - Select PRINT
2. Bring your **immunization record**, the **PE Attestation**, and any vaccination or lab updates since your last visit to your healthcare provider
3. Your healthcare provider should complete and sign the **PE Attestation**
4. After your visit with your healthcare provider, upload any updated information along with your **PE Attestation** to rutgers.medicatconnect.com for verification
5. Once your requirements are verified by RSH in the Immunization Portal, re-print the updated **immunization record**
6. Upload the updated **immunization record** and the **PE Attestation** to CORE ELMS Requirements (as a single PDF) under "EMSOP P1/P2/P3 Health Certification Form"



Provider Instructions

1. Please perform a physical exam and complete the **PE Attestation** (attached)

2. Please ensure the student is up to date on the following:
 - **Matriculation Requirements**
 - Hep B immunity demonstrated by a Hep B Surface Antibody (quantitative) and Hep B Antigen (required if student is not immune)
 - MMR series or titers
 - Varicella series or titer
 - Tdap in the past 10 years

 - **Annual Requirements**
 - Tuberculosis screening (QuantiFERON Gold or PPD)
 - Flu shot

 - **COVID**
 - Please document the baseline series if available

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If the student is missing any of the above requirements, please provide them with the necessary vaccines or blood tests.

If needed, detailed instructions on student requirements can be found on the full immunization packet at <https://www.rutgers.edu/student-immunizations/pharmacy>.



PE Attestation
 Physical Examination Rotation Attestation Form

Please perform a history and physical of sufficient scope to evaluate that the student is free from health impairment that is of potential risk to patients or that might interfere with their performance or behavior, including altered behavior due to alcohol or drugs. You do not need to document the details of the exam here, but please sign the attestation below.

Part I: Student to complete (please print or type)

Last name First name DOB (m/d/y)
 RUID or A number Email Cell phone
 School/program Graduation year

Part II: Healthcare provider attestation

Based upon the physical exam, I certify that the student is free from any health issue that would preclude or interfere with participation in experiential rotations(s).

Comments (if applicable):

Healthcare provider name (<i>print</i>):	Date:	Practice stamp or address and phone number:
Healthcare provider name (<i>sign</i>):		
NPI:		

Please attach the student's immunization record if available.

Rutgers will review the student's vaccine records to ensure health and vaccine requirements for rotations are met.