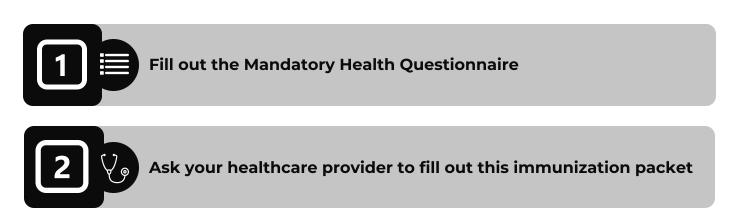




Immunization Packet - 4 steps

All forms and uploads must be completed at <u>https://rutgers.medicatconnect.com/</u>



Some of your vaccines may have already transferred into our system from the NJ vaccine registry or your previous time at Rutgers. To check your vaccine record, PRINT your record from the Immunization tab. Please do not re-submit immunizations that are already in the system.



Enter the dates of your vaccines or labs under the immunization tab



Upload your signed, completed packet and any supporting documentation, if applicable (ex: labs, blood work, x-ray report)

Clinical (Category 2) immunization requirements apply to students who will see patients or clients during the course of their program but have no risk of exposure to blood or infectious body fluids. Not sure of your category? Reach out to your program.

Required: Measles Mumps Rubella Hepatitis B Adult Tdap Tuberculosis screening Varicella Annual flu <u>May be required (see immunization form for details):</u> Meningitis ACYW Meningitis B







Use your Rutgers login to upload this completed and signed form into https://rutgers.medicatconnect.com/

Questions? Log in and send us a secure message.

Student to complete

Last name	First name	DOB (<i>mm/dd/yyyy</i>)	
RUID or A number	Email	Cell phone	
School/Program		Grad year	

Healthcare provider to complete

Healthcare provider name (print):	Date	Practice stamp
Healthcare provider name (sign):		
NPI:		

Measles, Mumps, Rubella (MMR) – Complete option A, B, or C to fulfill this requirement						
Option A: MMR vaccine doses	Vaccine/Titer	Date (mm/dd/yyyy)	Result			
First dose on or after first birthday and a	MMR dose 1	//				
second dose at least 28 days after.	MMR dose 2	//				
Option B: MMR serological immunity	Measles (Rubeola)					
To satisfy this option, blood tests must	titer	//	🗆 Immune 🛛 Non-Immune			
demonstrate immunity to measles, mumps,						
and rubella.	Mumps titer	//	🗆 Immune 🛛 🗆 Non-Immune			
LAB REPORTS ARE REQUIRED AND MUST BE						
UPLOADED AS AN ATTACHMENT	Rubella titer	//	🗆 Immune 🛛 🗆 Non-Immune			
Option C: Measles, Mumps and Rubella	Measles dose 1	//				
immunizations if given separately. Doses may be entered individually in this	Measles dose 2	//				
section.	Mumps dose 1	//				
	Mumps dose 2	//				
DO NOT RE-ENTER DOSES IF LISTED ABOVE	Rubella dose 1	//				

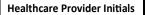
Hepatitis B – Complete Section A and B							
Section A: Hep B antibody test	Test	Date (mm/dd/yyyy)	Lab Results				
To satisfy the requirement, you must supply a	<u>Quantitative</u>		□ Immune (≥10 mIU/mL)				
QUANTITATIVE Hep B Surface Antibody test	Hep B surface	//	Non-immune (If you are non-				
showing immunity to Hepatitis B.	antibody		immune you must complete the				
LAB REPORTS ARE REQUIRED AND MUST BE			Hepatitis B surface antigen test**)				
UPLOADED AS AN ATTACHMENT			Lab Report Attached				
**Hep B surface antigen test							
We recommend submitting a Hep B Surface	Hep B surface		Negative Positive				
Antigen in case the quantitative Hep B	antigen	//					
Surface Antibody does not demonstrate			Lab Report Attached				
immunity.							



ATTACHMENT

Last name First name		_ D	OB (mm/dd/yyyy)	RUID c	or A number		
Section B: Hep B vaccine doses Vaccine			Date (mm/dd/yyyy)	Manufactur	Manufacturer		
If starting the series, at least one dose is	Hep B dos	e 1		Engerix	□ Twinrix	Heplisav	
required prior to enrollment.	Hep B dos	e 2	/ /	🗆 Engerix	Twinrix	Heplisav	
	Hep B dos	e 3		🗆 Engerix	Twinrix		
Adult Tdap (Tetanus, Diphtheria & Acellulo	•			□ Adacel	🗆 Boostrix	(
Annual Influenza – List vaccination for the	e current jiu seaso	on	//				
Tuberculosis (TB) Screening – Complete of	option A or B to fu	ılfill th	nis requirement				
Option A: PPD (Mantoux) skin tests			PPD placed	PPD read		Induration	
Required regardless of prior BCG vaccinatio	on.		-	/	,		
To complete this option: 2 step PPD (consisting of 2 PPDs placed 1-3	wooks apart	PPD	1//	/	/	mm	
and read 48-72 hours after placement) wit	•	PPD	2//	/	/	mm	
months of your enrollment date.		Both	n tests must be < 10mm				
If PPD is positive (≥ 10mm), is the stud	ent free of TB sv	mptoi	ms? ⊓Yes ⊓No				
If yes, list date of the positive PPD	-						
Was the student treated? Yes							
If yes, for how long was the studer	nt treated and wit	h whi	ch medication?				
<u>If PPD is positive</u> : option B or a che	est x-ray** must b	e con	npleted.				
Option B: FDA approved blood test			od test				
To complete this option, you must supply a		Date:/ Result: Negative Positive					
approved blood test showing absence of T		Туре	e: 🗆 QuantiFERON Gold	T-Spot			
within the past 6 months of your enrollme	nt date.						
Lab report must be attached.	! * *	Lab Report attached					
<u>If your TB Blood test result is positive,</u> a cho	est x-ray**						
must be completed.							
**Chest x-ray result		Chest x-ray					
If you did NOT have a positive PPD or p	positive blood	Date:/ Discrimination Normal Discrimination Discrim					
test, do NOT complete this option.							
To complete this option a chest x-ray within the past 6		Report attached					
months must be normal , and report must be attached.							
Varicella (Chicken Pox) – Complete option	his rea	quirement					
Option A: Varicella vaccine doses	Vaccine	D	ate (mm/dd/yyyy)	Result			
First dose on or after your first birthday	Varicella dose 1	_	//				
and a second dose at least 28 days apart	Varicella dose 2		//				
Option B: Varicella serologic immunity							

option bi vancena seroiogie initianty			
To satisfy this option, you must submit a			
blood test demonstrating immunity to			🗆 Immune 🗆 Non-Immune
varicella.	Varicella titer	//	□ Lab Report attached
LAB REPORTS ARE REQUIRED AND			
MUST BE UPLOADED AS AN			



R	RUTGERS
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Last name		First name	·	[DOB (mm/dd/yyyy) I		RUID or A number	
Meningitis ACYW and Meningitis B – Meningitis vaccines are required for students who meet the criteria listed below. Please complete the assessment to determine your requirement.								
Meningitis ACYW r			•					
Check all that apply	•							
 You will be under 19 years old at the start of your first semester 								
	 You will be under 19 years old at the start of your first semester This will be your first year in any college and you will be living in campus housing, regardless of your age 							
(A transfer or gradua								
You have one or me								or complement
inhibitor use, HIV		0	·	,	, 0	, ,	,	·
□ You are a traveler t	o/resident o	f areas with	endemic mer	ningitis				
If you checked any o	of the boxe	s above, y	ou must rece	eive at leas	t one dose of a	n approved Me	eningitis ACYW.	
Meningitis ACYW	Vaccine		Date (mm/d		Manufacturer		•	
The most recent			•					
dose must be on	Men ACYV	V dose 1	/	/	Menveo	🗆 Menactra	Menomune	🗆 MenQuadfi
or after your 16th								
birthday.	Men ACYV	V dose 2	/	/	🗆 Menveo	Menactra	🗆 Menomune	🗆 MenQuadfi
•								
Meningitis B requi		sessmen	L					
Check all that apply				aia aialda ad	II NI na animarita			
You have one or me inhibitor use UNV	ore of the fo	nowing con	ditions: aspier	hia, sickle ce	eii, N. meningitia	is lab work, comp	plement denciency	or complement
inhibitor use, HIV You are a traveler t 	o/rocidont o	faraacwitk	andomic mo	ningitic				
						ion Doonioo		
If you checked any o		s above, y						
Meningitis B	Vaccine		Date (mm/	dd/yyyy)	Manufacturer	•	[
	Men B dos	se 1	/	_/	🗆 Trumenba		Bexsero	
	Men B dos	se 2	/	_/	🗆 Trumenba		Bexsero	
	Men B dos	se 3	/	/ 🗆 Trumenba				
Please tell us if you've received the following vaccine. It is highly recommended but not required.								
Vaccine	Vaccine Date (mm/dd/yyyy) Manufacturer							
Human Papilloma V	ïrus	/	/	Gardas		sil 9 🗆 Cerva	rix 🗆 Unknow	n
•		/		🗆 Gardas	il 4 🗆 Gardas	sil 9 🗆 Cerva	rix 🗆 Unknow	n

Please tell us about additional vaccinations you may have received.

🗆 Gardasil 9

Cervarix

🗆 Unknown

🗆 Gardasil 4

/___

_/__

Vaccine	Date (mm/dd/yyyy)	
COVID-19 (most recent dose)	//	Pfizer Moderna Novavax Other
Hepatitis A	//	/
Japanese Encephalitis	//	/
Pneumococcal	//	□ PCV13 □ PPSV23
	//	□ PCV13 □ PPSV23
	//	□ PCV13 □ PPSV23
	//	□ PCV13 □ PPSV23
Polio Booster	//	



Last name	First name	DOB (mm/dd/yyyy)	RUID or A number
Rabies	//		
	//		
	//		
Typhoid (most recent dose)	//	🗆 TyphIM 🗆 Vivotif	
Yellow Fever	//		