

**DUE DATE:**

Fall Semester Entry

July 15th

Spring Semester Entry

Dec. 15th

Dear Graduate Student,

The Health Services Department welcomes you to the Caldwell University Community.

New Jersey State Law mandates immunization requirements for college students. You must complete and submit the health form to the Health Services Department by the due date listed above.

Forms must be uploaded to the Health Services Portal.

**Log onto Cougar Apps using your Net ID and look for the Health Services Portal or use:
<https://caldwell.medicatconnect.com>**

*Please note that there are additional requirements for students residing in campus housing which can be found on the health form. Failure to complete this form in its entirety will result in a registration hold and/or campus housing hold.

Acceptable proof of immunizations:

- Caldwell University Health form completed and signed by your licensed health care professional
- Official school immunization records
- Public Health Department record

Students born before January 1, 1957 are exempt from the Measles, Mumps, and Rubella requirement.

If you are unable to obtain proof of past immunization, you must be either revaccinated or provide a laboratory report showing immunity. Immunization and testing for immunity are available through your personal health care provider.

Limited exemptions are allowed for religious and medical reasons. Requests for exemptions must follow specific guidelines which can be obtained from Health Services. Medical exemptions are granted following the completion of the medical exemption form which can be requested from Health Services and completed by your physician. It is important to know that in the case of an outbreak of a communicable disease on campus, students who have been approved for exemptions will not be allowed to remain on campus or attend classes until it is deemed safe by the Department of Health.

Health information provided to Health Services is confidential and will not be released without your written permission or pursuant to government regulations. Immunization records will be made available upon request to state inspectors in order to comply with New Jersey law.

If you have any further questions regarding the health forms please contact Health Services.

We wish you health, happiness, and success as you pursue your academic goals.

Health Services Staff

Student's Name: _____
(Last) (First)

Birth Date: ____/____/____
M D Y

REQUIRED IMMUNIZATIONS: TO BE COMPLETED BY PHYSICIAN

Hepatitis B: (If registered for 12 or more credits) Vaccine Brand Name: _____

#1: ____/____/____
M D Y

#2: ____/____/____
M D Y

#3: ____/____/____
M D Y

DTaP: Primary Series #1 ____/____/____ #2 ____/____/____ #3 ____/____/____
M D Y M D Y M D Y

Tdap (11- 12 YO): ____/____/____
M D Y

If primary series not documented:

Tdap: #1 ____/____/____ Tdap/Td: #2 ____/____/____ Tdap/Td: #3 ____/____/____
M D Y M D Y M D Y

Polio: Primary Series: #1: ____/____/____ #2: ____/____/____ #3: ____/____/____ #4: ____/____/____
M D Y M D Y M D Y M D Y

If primary series not documented: (MUST BE IPV)

Dose #1: ____/____/____ Dose #2: ____/____/____ Dose #3: ____/____/____
M D Y M D Y M D Y

MMR: #1: ____/____/____ #2: ____/____/____
M D Y M D Y

Varicella: #1: ____/____/____ #2: ____/____/____
M D Y M D Y

Titer results may satisfy some immunization requirements. Please attach the laboratory report for review.

FORM WILL NOT BE ACCEPTED IF SIGNATURE AND DATE PRECEDE ANY IMMUNIZATION DATE OR TEST RESULTS

Health Care Provider Signature: _____ Date: _____

OFFICE STAMP (REQUIRED):

Name: _____
Last First

Tuberculosis Testing

TB testing must have been performed **within 6 months** prior to entering campus housing or the start of the semester for international commuters. If starting in Fall, test must not be before March 1st. If starting in Spring, test must not be before August 1st.

If an IGRA is performed a copy of the lab report must be attached to this form. If TB testing is positive, a chest x-ray is mandatory and a copy of the x-ray report (dated after the positive test result) must be attached. Chest x-ray cannot be submitted in lieu of TB testing.

- **Campus Housing? Yes ___ No ___**

US Residents: Required for students entering on-campus housing. Testing can be either an IGRA or a PPD

- **International Student? Yes ___ No ___**

ALL International students: Testing must be an IGRA Lab test (TB skin testing will not be accepted for international students.)

PPD placed: _____
site date time

Signature, Title Office Stamp

PPD read: _____
site date time

Result in mm: _____

Signature, Title Office Stamp

IGRA Test performed: _____
Yes No

Date Lab work done: _____ **Attach IGRA Lab report**
date

MENINGITIS INFORMATION

After reading this information, please complete the meningitis immunization form including your acknowledgement signature and vaccine information.

New Jersey State law requires that colleges provide incoming students and their parents with information about meningitis infection and available vaccinations. This information provides the most up to date scientific evidence regarding this devastating disease.

The Disease

Meningococcal meningitis is a bacterial infection that can have sudden onset and strike otherwise healthy people, it can cause permanent disability and death. Although it is rare, teens and young adults are at increased risk. College students who live and work in close proximity to each other are at particularly high risk. The infection can attack the lining of the brain, spinal cord and the bloodstream and cause flu like symptoms, which can make diagnosis difficult. Common symptoms are: confusion, fatigue, rash of dark purple spots, sensitivity to light, stiff neck, nausea, vomiting, headache and high fever. The rates of meningococcal disease have been declining in recent years in part to consistent vaccination. Even with the decline in cases, meningococcal meningitis continues to have a fatality rate of 10-15% so continued protection is necessary to prevent disease.

Prevention

The best way to protect yourself is to get vaccinated. One vaccine protects against four strains of meningococcal bacteria known as A,C,W,Y. The Advisory Committee of Immunization Practices (ACIP) recommends two doses for all adolescents. The first dose is typically given at 11 or 12 years old. Because the vaccine wanes in effectiveness a booster is recommended at age 16 so the adolescent has continued protection when they are at highest risk. This vaccine is mandatory for all students under the age of 19 at the start of the student's first semester **AND** everyone (regardless of age) living in University housing (see page 6 for more information about requirements).

A second vaccine protects against Meningitis type B. **This vaccine is not mandatory for most students**, however there have been outbreaks and individual cases of meningitis type B on college campuses in recent years. In June of 2015 the ACIP recommended that given the seriousness of meningococcal disease and the availability of a licensed vaccine, individuals are encouraged to consult with their healthcare provider regarding administration of this vaccine. Please refer to the guidelines on page 6 to determine if you are required to have a Meningitis B vaccine series.

If you have more questions regarding vaccine requirements please call Health Services at 973.618.3319. You can also visit the New Jersey Department of Health Communicable Disease Service Vaccine Preventable Disease Program:
https://www.nj.gov/health/cd/documents/topics/meningo/are_you_protected.pdf.

MENINGITIS RESPONSE FORM: MENINGOCOCCAL VACCINE REQUIREMENTS

New Jersey law requires that new students enrolling in a public or private institution of higher education in New Jersey to have received meningococcal vaccines as recommended by the Advisory Committee of Immunization Practices (ACIP). There are two types of meningococcal vaccines that might be required based on your age and your risks: the meningococcal conjugate vaccine (MenACWY) that protects against serogroups A, C, W and Y disease; and the meningococcal serogroup B vaccine (MenB) that protects against serogroup B disease.

INSTRUCTIONS: To assist in determining which meningococcal vaccines may be required, review each of the indications in the table below, both by age and by increased risk, with your healthcare provider.

Place a checkmark in the box next to each indication that applies to you, sign, and date.

Student Name:	Student ID Number:	
My signature below affirms that I have received and reviewed the meningitis information provided by Caldwell University, I am 19 years or older, <i>not living on campus</i>, and I do not meet any of the high risk categories as stated below that would necessitate my being vaccinated against meningitis. IF I intend to live on campus, I must comply with the vaccine requirements indicated below.		
DOB:	Signature: (Digital signature NOT accepted)	Date:

Please check the applicable boxes below:

	<u>MenACWY Requirement</u>	<u>MenB Requirement</u>
<input type="checkbox"/> ALL Students living in on-campus housing regardless of age (Must be administered after age 16 and within 5 years of entering campus housing) →	Vaccine required (administered after age 16)	Vaccine not required
<input type="checkbox"/> ≥ 19 years of age, not at increased risk (see below) →	Vaccine not required	Vaccine not required
INCREASED RISK FACTORS		
<input type="checkbox"/> Complement component deficiency or use of medication known as complement inhibitor (e.g. eculizumab) →	Vaccine required	Vaccine required
<input type="checkbox"/> No spleen, or problem with spleen- including sickle cell disease →	Vaccine required	Vaccine required
<input type="checkbox"/> HIV infection →	Vaccine required	Vaccine not required
<input type="checkbox"/> Work in a laboratory with meningococcal bacteria (Neisseria meningitis) →	Vaccine required	Vaccine required

Meningococcal vaccine A,C,W,Y: Dose (after age 16 and within 5 years of start of semester) ____/____/____ <div style="text-align: center; font-size: small;">M D Y</div>
Not routinely required, see risk factors above
Meningococcal B: #1 ____/____/____ #2 ____/____/____ #3 ____/____/____ <div style="text-align: center; font-size: small;">M D Y M D Y M D Y</div> <div style="text-align: center; font-size: small;">Vaccine Brand <input type="checkbox"/> Bexsero® <input type="checkbox"/> Trumenba®</div>

<p>Form only needs to be signed by a healthcare provider IF vaccination information is required:</p> <p>FORM WILL NOT BE ACCEPTED IF SIGNATURE AND DATE PRECEDE ANY IMMUNIZATION DATE</p> <p>Health Care Provider Signature: _____ Date: _____</p> <p>OFFICE STAMP (REQUIRED):</p>
