



## RAMAPO COLLEGE OF NEW JERSEY HEALTH SERVICES IMMUNIZATION REQUIREMENTS

***(Please print and read carefully!)***

DUE DATE:

Fall Semester Start: July 1st

Spring Semester Start: January 2nd

**Failure to complete health requirements will result in a registration hold!**

***ALL REGISTERED STUDENTS ARE REQUIRED TO SUBMIT  
THIS FORM IF YOU ARE TAKING CLASSES (IN PERSON,  
ON-LINE, OR VIRTUAL!)***

### Required Immunization Forms:

1. Take this packet to your health care provider to be completed, signed, and stamped. This form does not have to be used; an official immunization record from your doctor, employer, military, hospital, or previous school can be submitted. Please make sure that all the required information is provided if you are not using this form.
2. Once you have obtained your immunization documents, please submit your immunization forms to Health Services via fax (201-684-7534), or email (immunize@ramapo.edu).
3. If you are age 31 or older at the time of admission to Ramapo College of New Jersey, you are exempt from the immunization requirements under NJ State Law.
4. If you are under the age of 18 at the start of your first semester, you are required to submit the Authorization to Treat a Minor Form.

## MENINGITIS INFORMATION

New Jersey State law requires that colleges provide incoming students with information about meningitis infection and available vaccinations. In providing this information we want our Ramapo students and parents to have the most up to date information regarding this devastating disease and methods of prevention.

### 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 age 16 to 23 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 and 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 prevention is necessary to keep this disease at bay.

### Prevention

The best way to protect yourself is to get vaccinated. Currently two different types of meningitis vaccines are available. The first vaccine protects against four strains of meningococcal bacteria known as A, C, Y, W-135 (Menactra and Menveo and Menomune). The Advisory Committee on 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 and for those living in University housing (see page 4 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. Teens and young adults **may** be vaccinated with the serogroup B vaccine (Bexsero or Trumenba). 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.



If you have more questions regarding vaccine recommendations, you can contact your primary medical provider, or call us at (201) 684-7536. You can also visit the Center for Disease Control website at [.cdc.gov/meningococcal/vaccine-info.html](http://.cdc.gov/meningococcal/vaccine-info.html) or American College Health Association website at [acha.org](http://acha.org).

Student's Name: (last) _____ (first) _____		Birth date: _____
Ramapo ID: _____	Starting Term: ___ Fall ___ Spring Year: _____	
Cell: _____	I am a full-time student (12 or more credits): ___ Yes ___ No	
I will reside on campus: ___ Yes ___ No	I reside in the U.S. with a student visa: ___ Yes ___ No	

**Measles, Mumps, Rubella:** Required for all students under the age of 31.

<b>MMR (two-dose series):</b> Dose #1 ___/___/___ (Must be on or after 1st birthday)  Dose #2 ___/___/___ (Must be at least 28 days after 1st dose)	OR	<b>Measles:</b> Dose #1: ___/___/___  <b>Measles:</b> Dose #2: ___/___/___  <b>Mumps:</b> ___/___/___  <b>Rubella:</b> ___/___/___	OR	<b>MMR Antibodies, IgG</b> may be submitted to prove immunity.  A copy of the laboratory report is required.  Please note, if non-immune, the state requires you to receive the appropriate vaccinations.
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**Hepatitis B:** Required for all new students registered for 12 or more credits.

<b>Hepatitis B (three-dose series):</b> Dose #1: ___/___/___  Dose #2: ___/___/___ (Dose 2 must be at least 4 weeks after dose 1.)  Dose #3: ___/___/___ (Dose 3 must be at least 16 weeks after dose 1 and 8 weeks after dose 2.)	OR	<b>Hepatitis B (two-dose series):</b> (valid if given ages 11-15) Dose #1: ___/___/___  Dose #2: ___/___/___	OR	<b>Hepatitis B Surface Antibodies</b> may be submitted to prove immunity.  A copy of the laboratory report is required.  Please note, if non-immune, the state requires you to receive the appropriate vaccinations.
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<p><b><u>Tuberculosis Testing:</u></b> Required for all students and must be no sooner than 6 months prior to the start of classes.</p>	<p><b><u>The following vaccinations are strongly recommended:</u></b></p>
<p><b><u>Tuberculosis test (PPD, Mantoux - within 6 months):</u></b></p> <p>Administer Date: ___/___/___ Result        Date : ___/___/___</p> <p>Result: ___ Positive ___ Negative</p> <p>_____mm induration</p> <p><b>NOTE:</b> Positive results require documentation of a recent (no more than 6 months prior to the start of classes) chest x-ray. Please submit a copy of the radiologists report.</p> <p>If you received treatment for Tuberculosis, please provide the following information:        Dates of treatment:        _____to _____</p> <p style="text-align: center;"><b><u>OR</u></b></p> <p>IGRA TB Screening (must attach laboratory results.)        Date ___/___/___        Result: _____Positive _____Negative</p> <p>_____T-Spot        _____QuantiFERON Gold</p>	<p><u>Hepatitis A:</u> Dose #1: ___/___/___ Dose #2: ___/___/___</p> <p><u>Varicella:</u> Dose #1: ___/___/___ Dose #2: ___/___/___</p> <p><u>Tetanus-Diphtheria-Pertussis Booster (Tdap):</u>        (within the last ten years) Dose: ___/___/___</p> <p><u>Human Papillomavirus (HPV, Gardasil):</u>        Dose #1: ___/___/___        Dose #2: ___/___/___        Dose #3: ___/___/___</p> <p><u>Influenza (For the current season) Dose:</u> ___/___/___</p>

**COVID-19 VACCINE**

Pfizer Vaccine: \_\_\_/\_\_\_/\_\_\_ and \_\_\_/\_\_\_/\_\_\_ **or**

Moderna Vaccine: \_\_\_/\_\_\_/\_\_\_ and \_\_\_/\_\_\_/\_\_\_ **or**

Johnson & Johnson Vaccine: \_\_\_/\_\_\_/\_\_\_

You may also attach a copy of the CDC vaccination card provided at the time of your vaccine administration.



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 on Immunization Practices (ACIP). There are two types of meningococcal vaccines that might be required depending on your age and your risks: the meningococcal conjugate vaccine (MenACYW) that protects against serogroups A, C, Y, and W disease; and the meningococcal serogroup B vaccine (MenB) that protects against serogroup B disease.

**MenACYW (Menactra® and Menveo®)** vaccine is routinely recommended at ages 11-12 years with a booster at 16 years. Adolescents who receive their first dose of MenACWY vaccine on or after their 16th birthday do not need a booster dose. Additional doses may be recommended based on risk. People 19 years of age and older are not routinely recommended to receive the MenACYW vaccine unless they are students living in residential housing or if another risk factor applies.

**MenB (Bexsero® and Trumenba®)** vaccine is routinely recommended for people ages 10 years or older with high risk health conditions. People 16-23 years old (preferably at ages 16-18) may also choose to get a MenB vaccine.

**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.

<b>By age indication</b>		
<b>Age</b>	<b>MenACYW Requirement</b>	<b>MenB Requirement</b>
<input type="checkbox"/> ≤18 years of age, not at increased risk	✓ Vaccine required	✗ Vaccine not required
<input type="checkbox"/> ≥19 years of age, not at increased risk	✗ Vaccine not required	✗ Vaccine not required
<b>By increased risk indication</b>		
<b>Indication</b>	<b>MenACYW Requirement</b>	<b>MenB Requirement</b>
<input type="checkbox"/> Students living in residence hall	✓ Vaccine required	✗ Vaccine not required
<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 meningitidis)	✓ Vaccine required	✓ Vaccine required



Center for Health & Counseling Services

Health Services  
505 Ramapo Valley Road, Mahwah, NJ 07430-1680  
Phone: 201-684-7536  
Fax: 201-684-7534  
www.ramapo.edu/chcs

**Meningococcal A,C,Y,W-135:** (one dose since age 16): Dose #1: \_\_\_/\_\_\_/\_\_\_

**Meningococcal B:** Dose #1: \_\_\_/\_\_\_/\_\_\_ Dose #2: \_\_\_/\_\_\_/\_\_\_ Dose #3: \_\_\_/\_\_\_/\_\_\_  
Which one:  Bexsero®  Trumenba®

**Record of immunization is NOT VALID unless signed and stamped by a healthcare professional.**

Health Care Provider's Stamp:	Print Name: _____
	Address: _____ _____ _____
Health Care Provider's Signature: _____	Tel.#: _____



**Instructions: This form is required for students who will be under 18 years of age when they arrive on campus. This form must be completed by the student's parent or court-appointed legal guardian.**

**AUTHORIZATION TO TREAT A MINOR**

This consent shall remain effective until \_\_\_\_\_, 20\_\_\_\_\_(date minor turns 18 yr.

I (we) the undersigned parent, parents or legal guardian of \_\_\_\_\_ a minor, do hereby authorize and consent to any examination, medical or surgical diagnosis and treatment rendered by any member of the Ramapo College of New Jersey, Health Services medical staff. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care which the aforementioned medical provider in the exercise of his / her best judgment may deem advisable. It is understood that every effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

Signature of Father, Mother or Legal Guardian:

Printed Name of Parent or Legal Guardian: \_\_\_\_\_

Signature of Parent or Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Numbers Where Parents or Guardian May Be Reached

Father: \_\_\_\_\_ Home: \_\_\_\_\_  
Work: \_\_\_\_\_

Mother: \_\_\_\_\_ Home: \_\_\_\_\_  
Work: \_\_\_\_\_

Guardian: \_\_\_\_\_ Home: \_\_\_\_\_  
Work: \_\_\_\_\_

Family Physician: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_