

Ramapo College Immunization Requirements

DUE DATE

Fall Semester Start: July 31st

Spring Semester Start: January 2nd

IMMUNIZATION POLICY

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, online, 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 email (immunize@ramapo.edu) or fax at 201-684-7534 or 201-684-7974.
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.



IMMUNIZATION RECORD

Ramapo Student ID:

R00_____

PART 1: COMPLETED BY THE STUDENT. All information must be printed legibly or form cannot be processed.

Last Name:	First Name:	Middle Initial:
DOB:	Start Date: ___ Fall ___ Spring Year:	Cell Number:
Full-time (12 or more credits) ___ Yes ___ No	Resident ___ Commuter ___	Residing in the U.S. with a student visa ___ Yes ___ No

PART 2: TO BE COMPLETED AND SIGNED BY YOUR HEALTH CARE PROVIDER.

A.	TUBERCULOSIS—PLEASE SEE ATTACHMENT 1 TO COMPLY WITH THIS REQUIREMENT. ALL STUDENTS MUST UPLOAD ATTACHMENT 1 ALONG WITH THIS FORM.		
B.	MMR (Measles, Mumps, Rubella)—Two doses of vaccine OR titers showing immunity (COPY OF LAB REPORT REQUIRED).		
	1 st dose (given at or after 1 st birthday):	2 nd dose:	
C.	HEPATITIS B—Completion of three doses of vaccine OR titers showing immunity (COPY OF LAB REPORT REQUIRED). Note: Negative titers will require the student to repeat the series with 3 doses of Hep B.		
	1 st dose date:	2 nd dose:	3 rd dose:
D.	MENINGOCOCCAL ACWY—Required for all students residing on campus AND all commuters 18 years old and younger. Dose must be given at or after the age of 16. Visit https://www.ramapo.edu/health/meningitis-information/ for more information on Meningitis.		
	Dose date(s):		
E	RECOMMENDED: MENINGOCOCCAL B (Trumemba, Bexsero):		
	1 st Dose:	2 nd Dose:	3 rd Dose:
F.	HEALTH CARE EXAMINER'S STATEMENT: I HAVE VERIFIED THAT THE INDIVIDUAL I HAVE EXAMINED IS THE NAMED INDIVIDUAL ON THIS FORM AND THAT THE ABOVE TESTS/VACCINATIONS WERE PERFORMED IN THIS OFFICE/LABORATORY, OR I HAVE REVIEWED ANY DOCUMENTATION RELATIVE TO THE STUDENT'S IMMUNIZATION RECORD.		
	License #:	Phone #:	
	Signature of Healthcare Examiner:		Date:

PART 3: TO BE SIGNED BY THE STUDENT—FORM CANNOT BE PROCESSED WITHOUT STUDENT SIGNATURE.

Student Signature:	Ramapo Student ID:
The information provided on this form is correct. I understand that failure to complete this form correctly may jeopardize my student standing at Ramapo College. I will submit the form using the directions provided on information sheet.	

PLEASE VISIT <https://www.ramapo.edu/health/immunization-info/> FOR ANY UPDATES REGARDING RAMAPO COLLEGE'S IMMUNIZATION REQUIREMENTS.



TOOL FOR INSTITUTIONAL USE-ATTACHMENT 1

Part I: Tuberculosis (TB) Screening Questionnaire (to be completed by incoming students)

Please answer the following questions:

Have you ever had close contact with persons known or suspected to have active TB disease? Yes No

Were you born in one of the countries or territories listed below that have a high incidence of active TB disease? (If yes, please CIRCLE the country below) Yes No

Afghanistan	Democratic Republic of the	Lithuania	Russian Federation
Algeria	Congo	Madagascar	Rwanda
Angola	Djibouti	Malawi	Sao Tome and Principe
Anguilla	Dominican Republic	Malaysia	Senegal
Argentina	Ecuador	Maldives	Serbia
Armenia	El Salvador	Mali	Sierra Leone
Azerbaijan	Equatorial Guinea	Marshall Islands	Singapore
Bangladesh	Eritrea	Mauritania	Solomon Islands
Belarus	Ethiopia	Mauritius	Somalia
Belize	Fiji	Mexico	South Africa
Benin	Gabon	Micronesia (Federated States of)	South Sudan
Bhutan	Gambia	Mongolia	Sri Lanka
Bolivia(Plurinational State of)	Georgia	Montenegro	Sudan
Bosnia and Herzegovina	Ghana	Morocco	Suriname
Botswana	Greenland	Mozambique	Swaziland
Brazil	Guam	Myanmar	Syrian Arab Republic
Brunei	Guatemala	Namibia	Tajikistan
Darussalam	Guinea	Nauru	Tanzania(United Republic of)
Bulgaria	Guinea-Bissau	Nepal	Thailand
Burkina Faso	Guyana	New Caledonia	Timor-Leste
Burundi	Haiti	Nicaragua	Togo
Cabo Verde	Honduras	Niger	Tunisia
Cambodia	India	Nigeria	Turkmenistan
Cameroon	Indonesia	Northern Mariana Islands	Tuvalu
Central African Republic	Iraq	Pakistan	Uganda
Chad	Kazakhstan	Palau	Ukraine
China	Kenya	Panama	Uruguay
China, Hong Kong SAR	Kiribati	Papua New Guinea	Uzbekistan
China, Macao SAR	Kuwait	Paraguay	Vanuatu
Colombia	Kyrgyzstan	Peru	Venezuela (Bolivarian Republic of)
Comoros	Lao People's Democratic Republic	Philippines	Vietnam
Congo	Latvia	Portugal	Yemen
Côte d'Ivoire	Lesotho	Qatar	Zambia
Democratic People's Republic of Korea	Liberia	Republic of Korea	Zimbabwe
	Libya	Republic of Moldova	
		Romania	

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2015. Countries with incidence rates of 20 cases per 100,000 population.

Have you had frequent or prolonged visits* to one or more of the countries or territories listed above with a high prevalence of TB disease? (If yes, CHECK the countries or territories above) Yes No

Have you been a resident and/or employee of high-risk congregate settings (e.g., correctional facilities, long-term care facilities, and homeless shelters)? Yes No

Have you been a volunteer or health care worker who served clients who are at increased risk for active TB disease? Yes No

Have you ever been a member of any of the following groups that may have an increased incidence of latent M. tuberculosis infection or active TB disease: medically underserved, low-income, or abusing drugs or alcohol? Yes No

If the answer is YES to any of the above questions, Ramapo College requires that you receive TB testing as soon possible. If the answer to all of the above questions is NO, no further testing or further action is required. You may stop here.

*The significance of the travel exposure should be discussed with a health care provider and evaluated.

Student

Signature: _____ Date: _____



Part II: Clinical Assessment to be completed by Health Care Provider

Clinicians should review and verify the information in Part I. Persons who answered NO to all questions in Part I do not need further testing. Persons who answered YES to any of the questions in Part I are candidates for either the Mantoux tuberculin skin test (TST) or the Interferon Gamma Release Assay (IGRA), unless a previous positive test has been documented.

- History of a positive TB skin test or IGRA blood test? (If yes, document below.) Yes No
- History of BCG vaccination? (If yes, consider IGRA if possible.) Yes No

1. TB SYMPTOM CHECK

Does the student have signs or symptoms of active pulmonary tuberculosis disease? Yes No

If No, proceed to 2 or 3.

If Yes, check below:

- Cough (especially if lasting for 3 weeks or longer) with or without sputum production
- Coughing up blood (hemoptysis)
- Chest pain
- Loss of appetite
- Unexplained weight loss
- Night sweats
- Fever

Proceed with additional evaluation to exclude active tuberculosis disease, including tuberculin skin testing, chest X-ray, and sputum evaluation as indicated.

2. TUBERCULIN SKIN TEST (TST): MUST BE PERFORMED IN THE UNITED STATES (IF CURRENTLY LIVING OUTSIDE OF THE UNITED STATES, GO TO #3).

(TST result should be recorded as actual millimeters [mm] of induration, transverse diameter; if no induration, write "0." The TST interpretation should be based on mm of induration as well as risk factors.)**

Date Given: ____/____/____

Date Read: ____/____/____

Result: _____mm of induration

**Interpretation: positive____ negative____

****INTERPRETATION GUIDELINES**

>5 mm is positive:

- Recent close contacts of an individual with infectious TB
- Persons with fibrotic changes on a prior chest X-ray, consistent with past TB disease
- Organ transplant recipients and other immunosuppressed persons (including receiving equivalent of >15mg/d of prednisone for >1 month)
- HIV-infected persons

> 10 mm is positive:

- Recent arrivals to the U.S. (<5 years) from high-prevalence areas or who resided in one for a significant* amount of time
- Injection drug users
- Mycobacteriology laboratory personnel
- Residents, employees, or volunteers in high-risk congregate settings
- Persons with medical conditions that increase the risk of progression to TB disease, including silicosis, diabetes mellitus, chronic renal failure, certain types of cancer (leukemias and lymphomas, cancers of the head, neck, or lung), gastrectomy or jejunioileal bypass and weight loss of at least 10% below ideal body weight.

>15 mm is positive:

- Persons with no known risk factors for TB who, except for certain testing programs required by law or regulation, would otherwise not be tested.



*The significance of the travel exposure should be discussed with a health care provider and evaluated.

3. INTERFERON GAMMA RELEASE ASSAY (IGRA): MAY BE COMPLETED OUTSIDE OF THE UNITED STATES BUT LAB REPORT IS REQUIRED IN ENGLISH.

Date Obtained: ___/___/___ (circle method) QFT-GIT T-Spot other ___

Result: negative___ positive___ indeterminate___ borderline___ (T-Spot only)

4. CHEST X-RAY: REQUIRED IF TST OR IGRA IS POSITIVE AND MUST BE PERFORMED IN THE UNITED STATES. LAB REPORT IS REQUIRED IN ENGLISH.

Date of chest X-ray: ___/___/___ Result: normal___ abnormal___

Part III: Management of Positive TST or IGRA

All students with a positive TST or IGRA with no signs of active disease on chest X-ray should receive a recommendation to be treated for latent TB with appropriate medication. However, students in the following groups are at increased risk of progressions from LTBI to TB disease and should be prioritized to begin treatment as soon as possible.

- Infected with HIV
- Recently infected with M. tuberculosis (within the past 2 years)
- History of untreated or inadequately treated TB disease, including persons with fibrotic changes on chest radiograph consistent with prior TB disease
- Receiving immunosuppressive therapy, such as tumor necrosis factor-alpha (TNF) antagonists, systemic corticosteroids equivalent to/greater than 15 mg of prednisone per day, or immunosuppressive drug therapy following organ transplantation
- Diagnosed with silicosis, diabetes mellitus, chronic renal failure, leukemia, or cancer of the head, neck, or lung
- Have had a gastrectomy or jejunioileal bypass
- Weigh less than 90% of their ideal body weight
- Cigarette smokers and persons who abuse drugs and/or alcohol

Student agrees to receive treatment

Student declines treatment at this time

Health Care Professional

Signature: _____ Date: _____

