# 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).** | | |
| | 1st dose (given at or after 1st birthday): | 2nd 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.** | | |
| | 1st dose date: | 2nd dose: | 3rd 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):** | | |
| | 1st Dose: | 2nd Dose: | 3rd 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 (1 through 6):**

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

2. 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**

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

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

3. Have you resided in or traveled to one or more of the countries or territories listed above for a period of one to three months or more? (If yes, CHECK the countries or territories above) ☐ **Yes** ☐ **No**

4. 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**

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

6. 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 prior to the start of your first enrolled term.** *The significance of the travel exposure should be discussed with a health care provider and evaluated.

**If the answer to all of the above questions is NO,** no further testing or further action is required**. You may stop here.**

**Student's printed name and signature (required):**_____ **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 (The significance of the travel exposure should be discussed with a health care provider and evaluated.)
- 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 jejunoileal 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.

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 (Radiology report is required in English). Note: a single**
   Date of chest X-ray:____/_____/____ Result: normal____ abnormal____

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**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 jejunoileal 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

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**Health Care Professional**
**Signature:**_____**Date:**_____