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

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

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<th>Last Name:</th>
<th>First Name:</th>
<th>Middle Initial:</th>
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<th>Full-time (12 or more credits)</th>
<th>Yes</th>
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<th>Resident</th>
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<th>Residing in the U.S. with a student visa</th>
<th>Yes</th>
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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<sup>st</sup> dose (given at or after 1<sup>st</sup> birthday): 2<sup>nd</sup> 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<sup>st</sup> dose date: 2<sup>nd</sup> dose: 3<sup>rd</sup> 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<sup>st</sup> Dose: 2<sup>nd</sup> Dose: 3<sup>rd</sup> 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.

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<th>License #:</th>
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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  Ukraine
   Cambodia  Honduras  Niue  United Republic of Tanzania
   Cameroon  India  Pakistan  Uruguay
   Central African Republic  Indonesia  Palau  Uzbekistan
   Chad  Iraq  Panama  Vanuatu
   China  Kazakhstan  Papua New Guinea  Venezuela (Bolivarian Republic of)
   China, Hong Kong SAR  Kenya  Paraguay  Yemen
   China, Macao SAR  Kiribati  Peru  Zimbabwe
   Colombia  Kyrgyzstan  Philippines  Zambia
   Comoros  Lao People’s Democratic Republic  Qatar  Zimbabwe
   Congo  Lao People’s Democratic Republic  Republic of Korea
   Congo, Democratic People’s Republic of  Madagascar  Republic of Moldova
   Republic of Korea  Russian Federation
   Democratic Republic of the Congo  Rwanda

   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?  
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 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: ___________________________