

# RIDER UNIVERSITY STUDENT IMMUNIZATION REQUIREMENTS

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

## DUE DATE:

Fall Semester Start: AUGUST 1<sup>th</sup>

Spring Semester Start: JANUARY 15<sup>th</sup>

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

## HOW TO SUBMIT IMMUNIZATION REQUIREMENTS

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.
2. Once you have obtained your immunization documents, please submit your immunization forms (page 3 and 4) to your Healthy Broncs Portal account. Instructions on how to submit your immunization forms can be found on our website by visiting the provided link: <https://www.rider.edu/student-life/health-wellness/student-health-services/incoming-students>
3. The status of your immunization submission can be found under the *Immunization Tab* by selecting *View History*. You will receive a secure message to your Healthy Broncs Portal account regarding missing/incomplete information.
4. COVID 19 Vaccination: please upload documented proof of vaccination into the patient portal (CDC vaccination card given at time of vaccination). We are not accepting physician documentation only.

**Do NOT fax, email, mail, or bring records into our office. They will NOT be reviewed and will further delay processing your immunization record.**

## MENINGITIS INFORMATION

### Meningococcal Disease and Vaccination Information Sheet

New Jersey State Law requires universities to provide incoming students with information about meningitis and vaccinations. It is mandatory that the *Meningitis Questionnaire* in the Healthy Broncs Portal is completed by all students.

**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 rare, teens and young adults (ages 16-23) are at increased risk. Meningococcal bacteria can cause severe disease, attacking the brain, spinal cord and bloodstream.

**The Symptoms:** common symptoms are confusion, fatigue, high fever, headache, stiff neck, sensitivity to lights, rash of dark purple spots, nausea and vomiting. Symptoms can mimic flu-like symptoms which can make diagnosis difficult.

**Transmission:** meningococcal bacteria are spread by direct contact with the infected person's respiratory or throat (saliva or spit) secretions (i.e. coughing or kissing).

**Why are college students at increased risk?** College students that live and work in close proximity to each other are at particularly high risk.

**What is the best way to prevent meningococcal disease?** GET VACCINATED!!!

The best way to protect yourself/your adolescent/young adult is through vaccination. There are currently two types of vaccinations in the U.S. against Meningococcal meningitis.

- Meningitis A,C,Y, W-135 (brand name Menveo or Menactra)
  - Required for:
    - All students ages 18 & younger
    - All students that live on campus regardless of age
  - Two doses are recommended for all adolescents
    - The first dose is typically given at 11 or 12 years old
    - A **booster dose is required at or after age 16** because the vaccine wanes in effectiveness. This booster ensures protection when the adolescent is at highest risk
- Meningitis B (brand names Bexero or Trumenba)
  - 2 shot series for ages 16-23
  - This vaccination is not mandatory for most students, however there have been outbreaks and individual cases of meningitis type B on college campuses in recent years. It is recommended to consult with your healthcare provider regarding the administration of this vaccine.

### Vaccine Information

Meningococcal vaccines are safe and effective. Adverse reactions are typically mild and infrequent, including redness or soreness at the injection site or a mild fever. Although rare, serious side effects such as allergic reaction can occur. For more information about meningitis and the vaccine, please contact your primary care physician. You can also visit the Center for Disease Control website at [cdc.gov/meningococcal/vaccine-info.html](http://cdc.gov/meningococcal/vaccine-info.html)

If you have more questions regarding vaccine recommendations you can visit our web site [rider.edu/health](http://rider.edu/health) or call us at (609)-896-5060. 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).

**REQUIRED IMMUNIZATIONS**

<b>Student's Name:</b>		<b>Birth date:</b>
<b>Bronc ID:</b>	<b>Starting Term:</b> ____ Fall ____ Spring Year:	
<b>Cell:</b>	<b>I am a full-time student (12 or more credits):</b> ____ Yes ____ No	
<b>I will reside on campus:</b> ____ Yes ____ No	<b>I reside in the U.S. with a student visa:</b> ____ Yes ____ No	

**Measles, Mumps, Rubella:** Required for all students (Students born before 12/31/56 are only exempt from the MMR requirement).

<b>MMR (two-dose series):</b>  Dose #1 ____ / ____ / ____ (Must be on or after 1st birthday & after 12/31/67)  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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**Tuberculosis Testing:** Required for international students (Applies if you are residing in the U.S. with a student visa).

<b>Tuberculosis test (PPD, Mantoux - within 6 months):</b>  Administer Date: ____ / ____ / ____ Result Date : ____ / ____ / ____  Result: ____ Positive ____ Negative ____ mm induration  <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <b>COVID 19 Vaccine:</b> (requires upload of proof of vaccination) </div> Dose #1: ____ / ____ / ____ Dose #2: ____ / ____ / ____ <input type="checkbox"/> Moderna <input type="checkbox"/> Pfizer <input type="checkbox"/> J&J	<b>The following vaccinations are strongly recommended:</b>  Hepatitis A: Dose #1: ____ / ____ / ____ Dose #2: ____ / ____ / ____ Varicella: Dose #1: ____ / ____ / ____ Dose #2: ____ / ____ / ____ Tetanus-Diphtheria-Pertussis Booster (Tdap): (within the last ten years) Dose: ____ / ____ / ____ Human Papillomavirus (HPV, Gardasil): Dose #1: ____ / ____ / ____ Dose #2: ____ / ____ / ____ Dose #3: ____ / ____ / ____ Influenza (For the current season) Dose: ____ / ____ / ____
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## 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 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 MenACYW 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.

<u>By age indication</u>		
Age	<u>MenACYW Requirement</u>	<u>MenB Requirement</u>
<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
<u>By increased risk indication</u>		
Indication	<u>MenACYW Requirement</u>	<u>MenB Requirement</u>
<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

**Meningococcal A,C,Y,W-135:** (one dose since age 16): Dose #1: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Dose #2: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**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.**

Provider's Name: \_\_\_\_\_

Telephone: (    ) \_\_\_\_ -- \_\_\_\_\_

Provider's Signature: \_\_\_\_\_

*Provider Stamp*