**RIDER UNIVERSITY**

**STUDENT IMMUNIZATION REQUIREMENTS**

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

**DUE DATE:**

**Entering Fall Semester: JULY 15​th**

**Entering Spring Semester: JANUARY 15​th**

**Failure to complete health requirements by the due dates could result in: deregistration from the university**

**and/or cancelation of housing contract (residential students) and/or registration holds.**

**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 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. Please read your message and follow up promptly if needed.



**DO NOT fax, email, mail, or bring records into our office.**

**DO NOT submit your immunization to other departments (admissions).**

**DO NOT have your doctor fax, mail them to the Health Center.**

**They WILL NOT be reviewed.**

**Only Immunization records submitted via the Healthy Bronc Portal will be reviewed.**

**Any problems accessing the portal please contact** [**helpdesk@rider.edu**](mailto:helpdesk@rider.edu)

**Updated 7/18/23**

**REQUIRED IMMUNIZATIONS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Student’s Name:** |  | | **Birth date:** |
|  |  |  |  |
| **Bronc ID:** |  | **Starting Term: \_\_\_\_ Fall \_\_\_ Spring \_\_\_ Summer \_\_\_J-term / 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** | |
|  |  |  |  |

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| --- |
| **Measles, Mumps, Rubella (MMR): Required for all students**   * 2 doses administered, on or after 12 months of age, and at least 28 days apart are required **OR** * Laboratory proof of immunity; copy of measles, mumps and rubella virusIgG antibody **laboratory titer report MUST be attached if submitting in lieu of immunization dates**. Equivocal results will not be accepted. * Dose #1\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ Dose #2\_\_\_\_/\_\_\_­­\_\_\_/\_\_­­­­­­­­\_\_\_ |
| **Hepatitis B: Required for all Full-time students**   * 3 doses administered at recommended intervals (4 weeks between dose 1 and 2, 8 weeks between dose 2 and 3, 16 weeks between dose 1 and dose 3) **OR** * Laboratory proof of immunity; copy of hepatitis B virus IgG antibody **laboratory titer report MUST be attached if submitting in lieu of immunization dates.** Equivocal results will not be accepted. * Dose #1\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Dose #2\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Dose 3#\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ |
| **Meningitis ACYW Vaccine:** (Menactra or Menveo)  **Required for ALL Students in these categories:**   * **18 years & younger regardless of housing on or off campus (18 or younger at the start of the semester)** * **Older than 19 and residing on campus.** * **All NCAA Division 1 Student Athletes regardless of age or housing situation.** * **One dose must be administered on or after 16th Birthday** * The Meningitis B vaccine **Cannot** be used to fulfill the Meningitis ACYW requirement. * Meningitis ACYW Dose #1\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ Dose #2\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ |
| **Tuberculosis Testing: Required for international students or if high risk (see questionnaire)**   * PPD/ Mantoux (within 6 months): Date\_\_\_\_/\_\_\_\_/ \_\_\_\_ Results\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Quantiferon Gold (within 1 year): Date\_\_\_\_/ \_\_\_\_/ \_\_\_\_/ Results: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **The following vaccinations are not required but strongly recommended**   * COVID-19 Vaccine: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dose #1\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_ Dose #2\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_ * COVID-19 Booster: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dose #1\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ Dose #2 \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_ * Hepatitis A: Dose #1\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ Dose #2 \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ * Varicella: Dose #1\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ Dose #2 \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ * Tetanus-Diptheria- Pertussis (Tdap): Last Dose \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ * Meningitis B (Trumenba or Bexsero) Dose #1\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ Dose #2\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ |

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

Provider’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Provider’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Provider Stamp*