

RIDER UNIVERSITY

STUDENT IMMUNIZATION REQUIREMENTS

(Please print and read carefully!)

DUE DATES:

- Entering Fall Semester: JULY 15TH
- Entering Winter (J-term) Semester: DECEMBER 15TH
 - Entering Spring Semester: JANUARY 15TH
- Entering Summer Semester: MAY 15TH (EOP- JUNE 15TH)

INSTRUCTIONS:

1. Please review *Rider Health Center Requirements for Incoming Students* on how to locate your immunization records.
2. You do not have to use our form; an Immunization Record from your provider or previous school, can be substituted as long as it contains all the requirements. Please have your provider sign and stamp either form.
3. Immunizations must be administered following specific timing guidelines set by the Center for Disease Control (CDC), Advisory Committee on Immunization Practices (ACIP) and New Jersey's Department of Health (NJ DOH). Immunizations given too early may not count toward official documentation. Missing or skipping the minimum intervals may require restarting the series or additional doses. Be sure to obtain any missing immunizations promptly to avoid interruptions to your academic progress.
4. All required vaccination fields must be completed.
5. Once you have obtained your immunization documents, please upload your immunization forms to your Healthy Broncs Portal account. Instructions for submitting your immunization forms can be found on the *Rider Health Center Submitting Health Forms* website.
6. Please enter the dates of immunizations and complete all questionnaires.
7. The status of your immunization submission can be found under the *Immunization Tab* by selecting *View History*.
8. 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

RIDER UNIVERSITY IMMUNIZATION FORM

Student's Name:	Birth date:
Bronc ID:	Starting Term: ____ Fall ____ Spring ____ Summer ____ Winter (J-term)

REQUIRED IMMUNIZATIONS

• 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; a copy of Measles, Mumps, and Rubella virus IgG antibody laboratory titer report **MUST be attached if submitting in place 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; a copy of the Hepatitis B virus IgG antibody laboratory titer report **MUST be attached if submitting in place of immunization dates**. Equivocal results will not be accepted.
- Dose #1 ____ / ____ / ____ Dose #2 ____ / ____ / ____ Dose 3# ____ / ____ / ____

• Meningitis ACYW Vaccine: Required for ALL Students in these categories:

- 18 years & younger (at the start of semester) regardless of residency (on or off campus)
- Older than 19 and residing on campus.
- All NCAA Division 1 Student Athletes, regardless of age or residency (on or off campus).
- One dose must be administered on or after the 16th Birthday or within 5 years for students 21 years of age or older
- The Meningitis B Vaccine **cannot** be used to fulfill the Meningitis ACYW requirement.
- Meningitis ACYW Dose #1 ____ / ____ / ____ Dose #2 ____ / ____ / ____

Meningitis B Vaccine: You must complete the Meningitis questionnaire in the portal.

- Meningococcal meningitis B vaccine is **required for students with the following medical risk factors**: anatomical or functional asplenia, sickle cell disease, HIV infection, persistent complement deficiency, or complement inhibitor use.
- Dose #1 ____ / ____ / ____ Dose #2 ____ / ____ / ____

Tuberculosis Testing: You must complete the TB screening questionnaire in the portal.

- PPD/ Mantoux (within 6 months): Date ____ / ____ / ____ Results _____
- QuantiFERON Gold (within 1 year): Date ____ / ____ / ____ Results: _____

Students under 31 years of age must provide proof of immunizations required for K-12 attendance.

If you have not completed these immunizations, please see your health care provider for vaccination.

- Polio: Dose #1 ____ / ____ / ____ Dose #2 ____ / ____ / ____ Dose #3 ____ / ____ / ____ Dose #4 ____ / ____ / ____
- Varicella: Dose #1 ____ / ____ / ____ Dose #2 ____ / ____ / ____ . **OR** laboratory proof of immunity; a copy of the Varicella titer must be submitted in place of vaccination.
- DTaP: Dose #1 ____ / ____ / ____ Dose #2 ____ / ____ / ____ Dose #3 ____ / ____ / ____ Dose #4 ____ / ____ / ____
- Tdap: Last Dose (must be within 10 years) ____ / ____ / ____
- Hepatitis A: 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