

NEW JERSEY INSTITUTE OF TECHNOLOGY PRE-ENTRANCE HEALTH FORMS

Welcome! We are pleased that you have chosen NJIT. Prior to enrolling, you will need to meet the NJ state and NJIT immunization requirements. Please carefully read all the information.

Submission Deadlines:

Semester Entering	Submission Due Date	
Fall Semester	July 1st	
Spring Semester	January 5th	
Summer Semester	May 1st	
Late Registration for any semester	(1) week prior to start date preferred; no later (1) month of registering	

Required Immunizations: Please see NJIT Immunization Record Form for specific information regarding required doses and sequences. Students in an online only program and non-matriculated students are exempt.

Vaccine / Test	Full-time – 12 credits or more	Part-time (less than 12 credits)	
	Undergraduate, graduate, doctoral	Undergraduate, graduate, doctoral	
Measles/Mumps/Rubella	Required	Required	
Hepatitis B	Required	Not required	
Meningitis ACWY	Required: 18 years of age or younger; 19 years of age or older living in campus		
	housing; or If "YES" to any question on Meningococcal Screening Form		
Meningitis B	Required: If "YES" answered to any question on the Meningococcal Screening Form		
Tuberculosis test (PPD or	Required: If "YES" answered to any question on the Tuberculosis Screening Form		
IGRA)			

Immunization Record Submission:

- Immunization forms must be submitted electronically through the Medicat portal.
- Documents sent via email or fax are not accepted. If difficulty in submitting records is experienced, send an email to healthservices@njit.edu for assistance.
- Acceptable immunization forms include:
 - o NJIT Immunization Record Form (attached); or
 - o An official immunization record from a healthcare provider; signed, dated and stamped; or
 - o Record from a previous school, state immunization database, military branch, or employer; or
 - o Lab report showing immunity.

<u>Note</u>: If you were vaccinated in New Jersey, your immunization records may already be on file*. Check your file by clicking on 'Immunization' and then choosing 'View History' from the drop-down menu. You do not need to submit a record for immunizations that are already on file.

Submission Instructions:

- 1. Have forms ready to upload by either scanning them to a file or taking a picture and saving to a file
- 2. Go to https://njit.medicatconnect.com
- 3. Log in using your UCID and NJIT password
- 4. Click on 'Immunizations' on top of page
- 5. Enter all the dates for each immunization, as listed on your immunization form
- a. Note: if submitting lab results for blood titers, leave dates blank and upload a copy of the lab report
- 6. Click 'submit' once all dates have been entered
- 7. Click on 'Upload'
- 8. From the dropdown menu, choose the documents you need to upload
- 9. Click 'select file' and choose the file to upload
- 10. Click 'upload', you will be able to see all the documents uploaded in the "Documents on File" section.



Exemptions:

Students who require a medical or religious exemption may submit the appropriate documentation for review:

- Medical Exemption requires a letter from a licensed physician, physician assistant, or nurse practitioner stating the medical contraindication to the specific vaccine. The letter should also state if the exemption is permanent or temporary. If temporary, the approximate date that the vaccination could be taken should be indicated. The letter must be signed and dated by the provider and be on official letterhead stationary.
- Religious Exemption requires a written statement, signed and dated by the student, or parent/legal
 guardian if student is a minor, explaining how vaccination conflicts with the student's religious beliefs or
 practices. Objections to vaccinations based on grounds that are not religious in nature and which are of a
 philosophical, moral, or secular nature are not acceptable.
- Submit medical and religious exemption documents through Medicat, following the instructions above and by choosing the appropriate exemption from the upload menu.
- Students in an online only program and non-matriculated students are automatically exempt from the immunization, screening and education requirements outlined above

To review the NJ State Law regarding exemptions, <u>here</u> and <u>here</u>.

Physical Exam:

• Not required unless enrolled in an athletic program. Students enrolled in an athletic program will receive additional information from the Athletics Department.

Required Screenings & Education: The following are also required for all students (Online/non-matriculated are exempt).

- Tuberculosis Screen
- Meningococcal Screen
- Meningococcal Education

To access the above screening forms and education information, please follow these steps:

- 1. Go to https://njit.medicatconnect.com
- 2. Click 'Forms' at top of page
- 3. Click on each form and complete it. Follow any additional instructions as prompted, upon completing each form.



New Jersey Institute of Technology Immunization Record Form

Section A: This section to be completed by the student

Name: (last) (fi	(first)	
Student ID#:	Cell phone #:	
I will reside on campus:YesNo		

Section B: Each page must be completed, signed, dated by a physician, nurse practitioner, physician assistant, or registered nurse and must have office stamp.

	Date (mm/dd/yy)	Lab Results (if applicable)
MMR (Measles, Mumps, Rubella): Required for ALL full & part time students 2 doses required of MMR vaccine required OR	_/ _/ dose 1 _/ _/ dose 2	
Measles (Rubeola) serologic immunity (attach lab report and list date lab test was done)	_/_/	O O Non-immune Immune
Mumps serologic immunity (attach lab report and list date lab test was done)	_/_/	O O Non-immune Immune
Rubella serologic immunity (attach lab report and list date lab test was done)	_/_/	O O Non-immune Immune
Or 2 doses of measles vaccine	_/_/ dose 1	
1 doses of mumps vaccine	_ / _ / dose 1	
1 dose of rubella vaccine	_/ _ / dose 1	
Hepatitis B: Required for all students taking 12 or more credits	_/ _ / dose 1	
OR	_/_/ dose 2	
	// dose 3	
Quantitative Hepatitis B Surface Antibody Titer (attach lab report and list date lab test was done) If non-immune, must receive vaccination	_/_/	O Immune ≥ 10 mIU/mL O Non-immune
Meningococcal ACYW: Required for all students 18 yrs & younger, whether living on or off campus; all students 19 & older living in campus housing, with at least 1 dose given at age 16 or later	_/ _/ dose 1	
O Menveo® O Menactra® O Menomune®	_/ _/ uose z	
Meningococcal B: Required for anyone answering 'YES' to any question on the Meningococcal Screening form; Strongly recommended for all	_/ _ / dose 1	
others O Bexsero O Trumenba	_/_/ dose 2	
Healthcare Provider	/ _ / dose 5	<u> </u>
Print Name		
Signature Date		



Name: (Last)	(First)					
Tuberculosis Testing: Required if 'Yes' to any question on the Tuberculosis Screening Questionnaire Must be done within 6 months prior to arrival on campus						
Mantoux skin test	Interferon Gamma Rele	ease Assay (IGRA)				
Date placed: / / Date read: / /	or Date: / / No					
mm of induration Neg Pos	Copy of laboratory rep					
Chest X-Ray if Tuberculosis test is positive: Copy of Radiologist report must be attached.						
Date:/ Interpretation: NormalAbn	ormal					
Diagnosis: Active TB Yes No Latent TB Yes	No					
Provider Signature:	Date:	//				
Additional Vaccinations: Strongly						
	Date (mm/dd/yy	Lab Results (if				
)	applicable)				
Human Papilloma Virus (HPV):	_/_/ dose 1					
	_/ _/ dose 2					
	_/ _/ dose 3					
Varicella (Chicken Pox)	_/ _/ dose 1					
	_/ _/ dose 2					
Adult Tdap	_/_/					
Covid-19 Primary Series	_/ _/ dose 1					
Manufacturer	_/ _/ dose 2					
Covid-19 Booster						
Manufacturer	_/_/					
Hepatitis A:	_/ _ / dose 1					
	_/ _/ dose 2					
Polio	_/_/ dose 1					
	_/ _ / dose 2					
	_/ _ / dose 3					
	_/ _/ dose 4					
Healthcare Provider Print Name	Stamp					
Time value						
Signaturo	_					
Signature Date						