

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 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 sequence. Students in an online only program and non-matriculated students are exempted.

Vaccine / Test	Full-time – 12 credits or more Undergraduate, graduate, doctoral	Part-time (less than 12 credits) 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 IGRA)	Required: If “YES” answered to any question on the Tuberculosis Screening Form	

Immunization Record Submission:

- Immunization forms must be submitted electronically through the Medicat portal.
- Documents 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:
 - NJIT Immunization Record Form (attached); or
 - An official immunization record from a healthcare provider; signed, dated and stamped; or
 - Record from a previous school, state immunization database, military branch, or employer; or
 - Lab report showing immunity.

Note: 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 which 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 Mediat 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 exempted from the immunization, screening and education requirements outlined above

To review the NJ State Law regarding exemptions [here](#) and [here](#).

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 exempted).

- 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’ on top of page
3. Click on each form and complete. 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)	(first)
Student ID#:	Cell phone #:
I will reside on campus: ___ Yes ___ No	

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)
<u>MMR (Measles, Mumps, Rubella): Required for ALL full & part time students</u> 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)	___/___/___	<input type="radio"/> Immune <input type="radio"/> Non-immune
Mumps serologic immunity (attach lab report and list date lab test was done)	___/___/___	<input type="radio"/> Immune <input type="radio"/> Non-immune
Rubella serologic immunity (attach lab report and list date lab test was done)	___/___/___	<input type="radio"/> Immune <input type="radio"/> Non-immune
Or 2 doses of measles vaccine	___/___/___ dose 1 ___/___/___ dose 2	
2 doses of mumps vaccine	___/___/___ dose 1 ___/___/___ dose 2	
1 dose of rubella vaccine	___/___/___	
<u>Hepatitis B: Required for all students taking 12 or more credits</u> OR	___/___/___ dose 1 ___/___/___ dose 2 ___/___/___ dose 3	
<u>Quantitative Hepatitis B Surface Antibody Titer</u> (attach lab report and list date lab test was done) If non-immune, must receive vaccination	___/___/___	<input type="radio"/> Immune ≥ 10 mIU/mL <input type="radio"/> Non-immune
<u>Meningococcal ACYW: Required for all students 18 yrs & younger</u> 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 <input type="radio"/> Menveo® <input type="radio"/> Menactra® <input type="radio"/> Menomune®	___/___/___ dose 1 ___/___/___ dose 2	
<u>Meningococcal B: Required for anyone answering 'YES' to any question on the Meningococcal Screening form;</u> Strongly recommended for all others <input type="radio"/> Bexsero <input type="radio"/> Trumenba	___/___/___ dose 1 ___/___/___ dose 2 ___/___/___ dose 3	
Healthcare Provider	Stamp	
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 Date placed: ___/___/___ Date read: ___/___/___ ___ mm of induration Neg ___ Pos ___	or	Interferon Gamma Release Assay (IGRA) Date: ___/___/___ Neg ___ Pos ___ Copy of laboratory report must be attached
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Chest X-Ray if Tuberculosis test is positive: Copy of Radiologist report must be attached.

Date: ___/___/___ Interpretation: ___ Normal ___ Abnormal

Diagnosis: Active TB ___ Yes ___ No Latent TB ___ Yes ___ No

Provider Signature: _____ **Date:** ___/___/___

Additional Vaccinations: Strongly Recommended (not required).

	Date (mm/dd/yy)	Lab Results (if applicable)
<u>Human Papilloma Virus (HPV):</u>	___/___/___ dose 1 ___/___/___ dose 2 ___/___/___ dose 3	
Varicella (Chicken Pox)	___/___/___ dose 1 ___/___/___ dose 2	
<u>Adult Tdap</u>	___/___/___	
<u>Covid-19 Primary Series</u> _____ Manufacturer	___/___/___ dose 1 ___/___/___ dose 2	
<u>Covid-19 Booster</u> _____ Manufacturer	___/___/___	
<u>Hepatitis A:</u>	___/___/___ dose 1 ___/___/___ dose 2	
<u>Polio</u>	___/___/___ dose 1 ___/___/___ dose 2 ___/___/___ dose 3 ___/___/___ dose 4	
Healthcare Provider	Stamp	
Print Name		
Signature _____ Date _____		