

**New Jersey Institute of Technology
Pre-entrance Health Requirements**

How to Submit Your Health Records

The required health records are:

1. Tuberculosis Screening Questionnaire
2. Meningococcal Questionnaire
3. Immunization Record
4. Meningococcal Education

Submission Deadlines:

Students who fail to provide proof of having received the required vaccinations will not be permitted to begin classes and are subject to involuntary withdrawal from classes. Additionally, students who will reside in on-campus housing will not be permitted to move in until proof of all required immunizations are submitted and verified.

Students in an online only program are exempt from immunization requirements.

Semester Entering	Submission Due Date
Fall Semester	July 1st
Spring Semester	January 5th
Summer Semester	May 1st
Late Registration for any semester	At least (1) week prior to start date

Submit all completed health forms through the NJIT Health Services Patient Portal:

1. Have your 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'

Note: you will be able to see all the documents you uploaded in the "Documents on File" section

To complete the required Meningococcal education:

1. Go to <https://njit.medicatconnect.com>
2. Click on 'Forms' on top of page
3. Click on [Meningococcal Disease Education Form](#)

Please contact Student Health Services at 973-596-3621 or email healthservices@njit.edu if you need assistance.

MENINGOCOCCAL VACCINATION REQUIREMENT QUESTIONNAIRE

Name: _____ Birth date: ____/____/____ NJIT ID: _____

As a new student enrolling in a public or private institution of higher education in New Jersey, you are required by state law (P.L.2019, C.332 (N.J.S.A 18A:62-15.1) to receive meningococcal vaccines as recommended by the Advisory Committee on Immunization Practices (ACIP) and the Centers for Disease Control and Prevention (CDC) as a condition of college attendance.

There are 2 types of meningococcal vaccines available in the United States:

- Meningococcal Meningitis ACWY (MenACWY) vaccines (Brand names are Menactra® and Menveo®): Routinely received at ages 11-12 years with a booster dose at 16 years. Adolescents who receive their first dose of MenACWY 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 MenACWY vaccine unless they are living in college housing or if another risk factor applies.
- Meningococcal Meningitis B (MenB) vaccines (Brand names are Bexsero® and Trumenba®): Routinely recommended for people ages 10 years and older with high-risk health conditions. People 16-23 years old (preferably at ages 16-18 years) may also choose to be vaccinated against MenB.

To find out what type of meningococcal meningitis vaccine(s) you will need to attend NJIT, please answer the following questions. Be sure to show this form to your healthcare provider so that these vaccinations can be noted on your record of vaccination.

You will need Meningococcal Meningitis ACWY vaccination if you answer YES to one or more of the questions below.

1. Are you 18 years of age or younger?	Yes	No
2. Are you 19 years of age or older and plan to apply for college housing?	Yes	No
3. Do you have a rare type of immune disorder called complement component deficiency or Human Immunodeficiency Virus (HIV)?	Yes	No
4. Are taking a type of medicine called a complement inhibitor (for example, Soliris® or Ultomiris®)	Yes	No
5. Has your spleen been removed or do you have a damaged spleen, including sickle cell disease?	Yes	No

You will need Meningococcal Meningitis B vaccination if you answer yes to one or more of the questions below.

1. Do you have a rare type of immune disorder called complement component deficiency?	Yes	No
2. Are you taking a type of medication called a complement inhibitor (ex: Soliris or Ultomiris)?	Yes	No
3. Has your spleen been removed or do you have a damaged spleen; including sickle cell disease?	Yes	No

Meningitis B vaccination is not required unless 'Yes' is answered to any of the above questions. However, persons 16-23 years of age may choose to receive MenB vaccine to provide short-term protections against most strains of meningitis B disease. Learn more about meningococcal disease and MenB vaccination at www.cdc.gov/meningococcal

I verify that the information provided by me on this form is true. _____ Date _____

Student's signature (or parent/legal guardian if minor)

Tuberculosis (TB) Screening Questionnaire

Name: _____ Birth date: ____/____/____ NJIT ID: _____

1. Have you ever had close contact with persons known or suspected to have active TB disease?	Yes	No
2. Were you born in one of the countries listed below? If yes, please CIRCLE the country	Yes	No
3. Have you had any frequent (every year or more often) <u>OR</u> a prolonged visit (30 days or more) to one or more of the countries listed below? If yes, please CHECK <input checked="" type="checkbox"/> the country/ies below	Yes	No
4. Have you been a resident, volunteer, and/or employee of high-risk congregate settings (e.g., correctional facilities, long-term care facilities, and homeless shelters)?	Yes	No
5. Have you been a volunteer or health care worker who served clients who are at increased risk for active TB disease?	Yes	No
6. Have you ever been a member of any of the following groups that may have an increased incidence of latent M. tuberculosis infection or active TB disease: medically underserved, low-income, or abusing drugs or alcohol?	Yes	No

If 'YES' to ANY question above, a TB test that is taken no sooner than 6 months prior to the start of the semester, is required. Either a TB skin test or Interferon Gamma Release Assay (IGRA) is acceptable. Submit test result with Immunization form. If you answered NO to ALL of the above questions, you are NOT REQUIRED to submit a TB test.

Upload this form with your Immunization Form to NJIT.medicatconnect.com under Immunization Record

I verify that the information provided by me on this form is true. _____ Date _____

Student's signature (or parent/legal guardian if student is a minor)

- | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Afghanistan
Albania
Algeria
Angola
Anguilla
Argentina
Armenia
Azerbaijan
Bangladesh
Belarus
Belize
Benin
Bhutan
Bolivia (Plurinational State of)
Bosnia & Herzegovina
Botswana
Brazil
Brunei Darussalam
Bulgaria
Burkina Faso
Burundi
Cabo Verde
Cambodia
Cameroon
Central African Republic
Chad
China (including Taiwan)
China, Hong Kong SAR
China, Macao SAR | Colombia
Comoros
Congo
Côte d'Ivoire
Democratic Republic of the Congo
Djibouti
Dominican Republic
Ecuador
El Salvador
Equatorial Guinea
Eritrea
Eswatini
Ethiopia
French Polynesia
Fiji
Gabon
Gambia
Georgia
Ghana
Greenland
Guam
Guatemala
Guinea
Guinea-Bissau
Guyana
Haiti
Honduras
India
Indonesia | Iraq
Kazakhstan
Kenya
Kiribati
Korea (Democratic People's Republic of)
Korea (Republic of)
Kuwait
Kyrgyzstan
Lao People's Democratic Republic
Latvia
Lesotho
Liberia
Libyan Arab Jamahiriya
Lithuania
Madagascar
Malawi
Malaysia
Maldives
Mali
Marshall Islands
Mauritania
Mexico
Micronesia (Federated States of)
Moldova (Republic of)
Mongolia
Morocco
Mozambique | Myanmar
Namibia
Nauru
Nepal
Nicaragua
Niger
Nigeria
Niue
Northern Mariana Islands
Pakistan
Palau
Panama
Papua New Guinea
Paraguay
Peru
Philippines
Portugal
Qatar
Romania
Russian Federation
Rwanda
Sao Tome & Principe
Senegal
Sierra Leone
Singapore
Solomon Islands
Somalia
South Africa
South Sudan
Sri Lanka | Sudan
Suriname
Swaziland
Taiwan
Tajikistan
Tanzania (United Republic of)
Thailand
Timor-Leste
Togo
Tunisia
Turkmenistan
Tuvalu
Uganda
Ukraine
Uruguay
Uzbekistan
Vanuatu
Venezuela (Bolivarian Republic of)
Vietnam
Yemen
Zambia
Zimbabwe |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2018. Countries with TB incidence rates of ≥ 20 cases per 100,000 population.

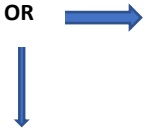

New Jersey Institute of Technology Immunization Record Form

This form does not have to be used. An official immunization record from your healthcare provider, previous school, military, or employer may be submitted in place of this form. If using this form, it must be signed by the healthcare provider. Please print clearly.

Section A: This section to be completed by the student

Name: (last)	(first)
Student ID#:	Cell phone #:
I will reside on campus: <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

REQUIRED: Measles, Mumps, Rubella (MMR): <i>Required for ALL full & part-time students.</i>			
OR 	2 doses MMR Vaccine Dose #1 received at or after 12 months of age: ___/___/___ Dose #2 received at or after 28 days from 1 st dose: ___/___/___	OR	Laboratory Documentation of Immunity 
2 doses of MEASLES VACCINE Dose #1 received after 1968 and at or after 12 months of age: ___/___/___ Dose #2 received at or after 28 days from 1 st dose: ___/___/___		OR	Measles Virus IgG Antibody Test Copy of lab report must be attached and must have reference ranges.
2 doses of MUMPS VACCINE Dose #1 received at or after 12 months of age: ___/___/___ Dose #2 received at or after 28 days from 1 st dose: ___/___/___		OR	MUMPS Virus IgG Antibody test demonstrating immunity. Copy of laboratory report must be attached.
1 dose of RUBELLA VACCINE Dose #1 received at or after 12 months of age: ___/___/___		OR	RUBELLA Virus IgG Antibody test demonstrating immunity. Copy of laboratory report must be attached.
REQUIRED: Hepatitis B: <i>Required for all students taking 12 or more credits.</i> (3) doses required, or (2) dose regimen administered between age 11 – 15, <i>or</i> laboratory proof for titers of Hepatitis B IgG Surface Antigen (anti-HBc)			
Dose #1: ___/___/___ Dose #2: ___/___/___ Dose #3: ___/___/___		or	Upload official laboratory report indicating anti-HBc titers with immunization record.
Meningococcal A, C, W, Y (MenACWY): Menactra[®] or Menveo[®] - Required for all 1st year living on campus and students younger than 19, regardless of whether living on or off campus and those with medical risk factors (refer to Meningococcal questionnaire)			
Dose #1 ___/___/___ One dose required if given after 16 th birthday	Dose #2: ___/___/___ Required if 1 st dose given prior to age 16. If 1 st dose is received at 11-12 years of age, 2 nd dose required is at age 16. If 1 st dose given between age 13 - 15, 2 nd dose must be given between age 16 – 18.		

Meningococcal B (MenB): Bexsero® or Trumenba® (2) or (3) dose series: Required for all students in a high-risk group as indicated by Meningitis Questionnaire Optional but recommended anyone age 16-23 years.

Trumenba #1: ___/___/___ #2: ___/___/___ #3: ___/___/___	or	Bexsero #1: ___/___/___ #2: ___/___/___
-------------------------------------------------------------	-----------	--------------------------------------------

COVID-19: **Required for all students regardless of age or # of credits taking.** Students in an online only program are exempt. Vaccine must be a Federal Drug Administration (FDA) or World Health Organization (WHO) authorized vaccine

Manufacturer Name: _____

Single dose vaccine #1: ___/___/___	or	Two dose vaccine: #1: ___/___/___ #2: ___/___/___
----------------------------------------	-----------	------------------------------------------------------

COVID-19 Booster: **Required for all students regardless of age or # of credits taking.** Students in an online only program are exempt. Vaccine must be a Federal Drug Administration (FDA) or World Health Organization (WHO) authorized vaccine

Manufacturer Name: _____	Date administered ___/___/___
--------------------------	-------------------------------

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
--------------------------------------------------------------------------------------------------------------	-----------	--------------------------------------------------------------------------------------------------------------------------

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

Vaccinations Strongly Recommended (not required)

Human Papilloma Virus (HPV)		
#1: ___/___/___	#2: ___/___/___	#3: ___/___/___
Tetanus, Diptheria, Pertusis		
Tdap : ___/___/___	or	Td: ___/___/___
Varicella (Chicken Pox)		
#1: ___/___/___	#2: ___/___/___	Or provide lab report showing positive IgG antibody titer

Record of Immunization is not valid unless signed, dated, and stamped by a MD, DO, NP, PA

Provider's printed name: _____

Provider's signature: _____

Date: _____

Stamp: not valid without stamp

