

BLOOMFIELD COLLEGE HEALTH SERVICES

26 Austin Place 2nd Floor Bloomfield, New Jersey 07003

Phone: (973)259-3020 x1360 Fax: (973)259-0413 Email: healthservices@bloomfield.edu

IMMUNIZATIONS REQUIRED BY STATE STATUTE

STUDENTS FOR WHOM PROOF OF APPROPRIATE DOCUMENTATION IS NOT ON FILE, WITHIN 60 DAYS OF ENROLLMENT, WILL HAVE A HEALTH HOLD PLACED ON THEIR RECORDS THAT WILL PREVENT FUTURE REGISTRATION ACTIVITY.

Print Name: _____ **DOB** _____

Address: _____ **City** _____ **State** _____ **Zip** _____

Phone number: _____ **Email** _____

Circle selections: Part time / Full time / First year / Transfer / Undergraduate / RN / Resident Student / Commuter Student

Year of Entry _____ **Current Bloomfield College Student: Y / N** **STUDENT ID:** _____

Healthcare Provider Information

Name: _____ **Address** _____

Signature: _____ **Phone:** _____

STAMP:

New Jersey State Law

All undergraduate students enrolled in a program of study leading to an academic degree and born after 1956 must provide the college with proof of having received two injections of Measles, Mumps and Rubella vaccine or laboratory proof of immunity, three injections of Hepatitis B vaccines or laboratory proof of immunity, Meningococcal ACYW-135 (from at least age 16) for resident students and students 19 years old and younger, and a current Tuberculosis skin test for all Resident Students.

Immunization Information

All information must be in English, must be supplied by your Healthcare provider, your high school, former College/University, local health department or other Authorized Agency. It is advisable to keep a copy for your personal files. If you are unable to obtain proof of past immunizations, either revaccination or providing laboratory reports showing immunity, may be necessary. Please note that all health information submitted to this office is confidential and will not be released without written permission or pursuant to government regulation.

Medical Exemptions: A written statement submitted to the Health Services Office, by a licensed physician indicating that the vaccine is medically contraindicated for a specific period of time and the reasons for medical contraindication, based upon valid medical reasons as determined by regulation of the Commissioner of Health and Senior Services.

Religious Exemptions: A written statement submitted to the Health Services Office by the student, explaining how the administration of the vaccine conflicts with the bona fide religious tenets or practices of the student. A general philosophical or moral objection to the vaccination shall not be sufficient for an exemption on religious grounds.

Due Dates: The deadline for submission of completed health forms for entry into the Fall Semester is **July 15th**, and for entry into the Spring Semester is **October 26th**. Failure to submit records by the aforementioned due dates will result in the application of a Health Hold on the student's account and prohibit registration for future semesters.

- Health forms may be completed electronically: <https://bloomfield.edu/admission/accepted-students/health-clearance-form>
- Completed forms can also be mailed to: Bloomfield College Health Services Office
467 Franklin St.
Bloomfield, NJ 07003
- Completed forms can also be faxed to our office: (973) 259-0413

ALL REQUIREMENTS FOR COMMUTER STUDENTS

PLEASE READ CAREFULLY AND COMPLETE ALL SECTIONS

MMR (Measles, Mumps, Rubella)

Dose 1 (12-15 months or later): ___ / ___ / ___

Dose 2 (4-6 years later, at least 1 month after first dose): ___ / ___ / ___

OR MMR titer results (*must attach copy of lab results)

Hepatitis B (3 doses of vaccine or 2 doses of adult vaccine in adolescents 11-15 years of age)

Dose 1: ___ / ___ / ___ Dose 2: ___ / ___ / ___ Dose 3: ___ / ___ / ___

OR Hepatitis B Surface Antibody results (*must attach copy of lab results)

Meningococcal ACYW-135 (for students 19 years of age and younger, at least one dose since age 16):

Date administered: ___ / ___ / ___

Meningococcal B (recommended, but not required) Date administered: ___ / ___ / ___

Meningitis information (see pg. 3):

I have received information about the Meningitis disease, the effectiveness of the vaccines, and the availability of the types of Meningitis vaccines.

Student Signature/Parent (if under 18): _____ **Date:** _____

ALL REQUIREMENTS FOR RESIDENT STUDENTS

PLEASE READ CAREFULLY AND COMPLETE ALL SECTIONS

MMR (Measles, Mumps, Rubella)

Dose 1 (12-15 months or later): ___ / ___ / ___

Dose 2 (4-6 years later, at least 1 month after first dose): ___ / ___ / ___

OR MMR titer results (*must attach copy of lab results)

Hepatitis B (3 doses of vaccine or 2 doses of adult vaccine in adolescents 11-15 years of age)

Dose 1: ___ / ___ / ___ Dose 2: ___ / ___ / ___ Dose 3: ___ / ___ / ___

OR Hepatitis B Surface Antibody results (*must attach copy of lab results)

Meningococcal ACYW-135 (at least one dose since age 16 to move into campus housing):

Date administered: ___ / ___ / ___

Meningococcal B (recommended but not required) Date administered: ___ / ___ / ___

Meningitis information (see pg. 3):

I have received information about the Meningitis disease, the effectiveness of the vaccines, and the availability of the types of Meningitis vaccines.

Student Signature/Parent (if under 18): _____ **Date:** _____

Tuberculosis Screening (must be current and within the same year of moving into campus housing):

Date given: ___ / ___ / ___ Date read: ___ / ___ / ___ Result: _____mm. Circle: Positive / Negative

(Record actual mm of induration, transverse diameter, if no induration, write "0")

Chest X-Ray required for positive results (submit copy of report) Date: ___ / ___ / ___

INH Therapy (submit supporting documents) Start: ___ / ___ / ___ End: ___ / ___ / ___

Notice: *Students may NOT move into Residence without proof of all required vaccinations*

RECOMMENDED VACCINATIONS FOR ALL STUDENTS

Varicella (Either a positive Varicella antibody, or two doses of vaccine given at least one month apart if immunized at the age of 13 or older)

Dose 1: ___ / ___ / ___ Dose 2: ___ / ___ / ___ **OR** Varicella titer results (*attach a copy of original lab results)

Tetaus, Diptheria and Pertussis (TDAP) (within the last 10 years)

Date administered: ___ / ___ / ___

UPDATED MENINGITIS INFORMATION

Meningococcal disease is a potentially fatal bacterial infection commonly referred to as meningitis. It is recommended by the CDC's Advisory Committee on Immunization Practices (ACIP) that college students and their families be educated about meningitis and the benefits of available vaccinations. The panel based its recommendation on recent studies showing that college students, particularly those living in residence halls, have a six fold increased risk for meningitis. The recommendation further states that information about the disease and vaccination is appropriate for other undergraduate students who also wish to reduce their risk for the disease.

Meningitis is rare. However, when it strikes, its flu-like symptoms make diagnosis difficult. Common symptoms are: confusion, fatigue, rash of dark purple spots, sensitivity to light, stiff neck, nausea, vomiting, headache and high fever. If not treated early, it can lead to swelling of the fluid surrounding the brain and spinal column as well as severe and permanent disabilities and even death. Although it is rare, teens and young adults age 16-23 are at increased risk. College students who live and work in close proximity to each other are at particularly high risk. The disease strikes about 3,000 Americans each year and claims about 300 lives. Between 100 and 125 meningitis cases occur on college campuses and as many as 15 students will die from the disease. The rates of meningococcal disease have been declining in recent years due in part to consistent vaccination. Even with the decline in cases, continued protection is necessary to prevent disease.

Prevention

Getting vaccinated is the best protection. There are currently **two types of meningitis vaccines** that are available. **The first vaccine, A,C,Y,W135 (Menactra® and Menveo®)** protects against four strains of meningococcal bacteria. The Advisory Committee of Immunization Practices (ACIP) recommends two doses for all adolescents, the first dose at 11 or 12 years old, and the second dose at age 16, to boost vaccine effectiveness, especially when an individual is at highest risk for the disease. **This vaccine is mandatory for all students under the age of 19 AND everyone (regardless of age) living in on campus housing.**

A second vaccine, Bexsero® or Trumenba®, protects against Meningitis type B. This vaccine is not mandatory for most students, however there have been outbreaks and individual cases of meningitis type B on college campuses in recent years. As of June of 2015, the ACIP recommended that given the seriousness of meningococcal disease and the availability of a licensed vaccine, individuals are encouraged to consult with their healthcare provider regarding administration of this vaccine. To determine if the Meningitis B vaccine is appropriate for you, review this table with your healthcare provider.

AGE	MenACYW Requirement	MenB Requirement
<input type="checkbox"/> ≤ 18 years of age	√ Vaccine required	X Vaccine not required <i>(but recommended)</i>
<input type="checkbox"/> ≥ 19 years of age	X Vaccine not required	X Vaccine not required
INDICATION/RISK	MenACYW Requirement	MenB Requirement
<input type="checkbox"/> Both Resident and Commuter students <i>(must be administered after age 16 and within 5 years of entering campus housing)</i>	√ Vaccine required	X Vaccine not required
<input type="checkbox"/> Complement component deficiency or use of medication known as complement inhibitor (e.g. eculizumab)	√ Vaccine required	√ Vaccine required
<input type="checkbox"/> No spleen, or problem with spleen- including sickle cell disease	√ Vaccine required	√ Vaccine required
<input type="checkbox"/> HIV infection	√ Vaccine required	X Vaccine not required
<input type="checkbox"/> Work in a laboratory with meningococcal bacteria (Neisseria meningitidis)	√ Vaccine required	√ Vaccine required

CONSENT/AUTHORIZATION FOR TREATMENT:

This provides my written consent to any medical treatment by the Bloomfield College Health Services Staff. I am authorizing Bloomfield College to take any necessary action to ensure my health and safety and release Bloomfield College for any and all liability for such action. If services I require, both non-emergent and emergent, are beyond the scope of Bloomfield College Health Services, I understand it is my responsibility to assume any financial expenses incurred for any treatment received from off-campus healthcare providers.

Student Signature/Parent (if under 18): _____ **Date:** _____