



Kean Wellness Center Student Health Services
1000 Morris Ave. Union, NJ 07083 | Downs Hall, Room 126
Tel: (908) 737-4880 | Email: studenthealthservices@kean.edu
To submit this form, go to kean.studenthealthportal.com

KEAN UNIVERSITY IMMUNIZATION REQUIREMENTS

(Please print and read carefully!)

DUE DATE:

Fall Semester Start: AUGUST 1st

Spring Semester Start: JANUARY 6th

Failure to complete health requirements will result in a registration hold.

HOW TO SUBMIT IMMUNIZATION REQUIREMENTS

1. Take this packet to your health care provider to be completed, signed and stamped. This form does not have to be used; a copy of an official immunization record from your doctor, employer, military, hospital, or previous school can be submitted.
2. Once you have obtained your immunization documents, register for a Student Health Portal account at <https://kean.studenthealthportal.com/Registration/Register>, and submit your immunization forms via the My Forms and Document Upload menus. Detailed instructions on how to submit your immunization forms can be found on our website.
 - a. New Students: <https://www.kean.edu/media/new-students-submit-immunizations-ay2324>
3. You will receive a secure message to your Student Health Portal account regarding the status of your immunization record once it has been processed.
4. Visit our website, <https://www.kean.edu/offices/student-health-services/immunizations>, for more information about exemptions and online waivers.

You are required to submit the Consent For Treatment Form (pg. 5) in order to receive any medical care at Kean University Student Health Services. Please upload this document separate from your immunizations in the Document Upload section as "Consent For Treatment".

Do not fax, email, mail, or bring records into our office.

They will not be reviewed and will further delay processing your immunization record.

MENINGITIS INFORMATION

New Jersey State law requires that colleges provide incoming students with information about meningitis infection and available vaccinations. In providing this information we want our Kean students and parents to have the most up to date information regarding this devastating disease and methods of prevention.

The Disease

Meningococcal meningitis is a bacterial infection that can have sudden onset and strike otherwise healthy people, it can cause permanent disability and death. Although it is rare, teens and young adults age 16 to 23 are at increased risk. College students who live and work in close proximity to each other are at particularly high risk. The infection can attack the lining of the brain and spinal cord and the bloodstream and cause flu-like symptoms, which can make diagnosis difficult. Common symptoms are: confusion, fatigue, rash of dark purple spots, sensitivity to light, stiff neck, nausea, vomiting, headache and high fever. The rates of meningococcal disease have been declining in recent years in part to consistent vaccination. Even with the decline in cases, meningococcal meningitis continues to have a fatality rate of 10-15% so continued prevention is necessary to keep this disease at bay.

Prevention

The best way to protect yourself is to get vaccinated. Currently two different types of meningitis vaccines are available. The first vaccine protects against four strains of meningococcal bacteria known as A,C,Y, W-135 (Menactra and Menveo and Menomune). The Advisory Committee on Immunization Practices (ACIP) recommends two doses for all adolescents. The first dose is typically given at 11 or 12 years old. Because the vaccine wanes in effectiveness a booster is recommended at age 16 so the adolescent has continued protection when they are at highest risk. This vaccine is mandatory for all students under the age of 19 and for those living in University housing (see page 4 for more information about requirements).

A second vaccine 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. Teens and young adults **may** be vaccinated with the serogroup B vaccine (Bexsero or Trumenba). In 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.

If you have more questions regarding vaccine recommendations you can visit our web site kean.edu/immunizations or call us at (908) 737-4880. You can also visit the Center for Disease Control website at [.cdc.gov/meningococcal/vaccine-info.html](https://www.cdc.gov/meningococcal/vaccine-info.html) or American College Health Association website at [acha.org](https://www.acha.org).

REQUIRED IMMUNIZATIONS

Student's Name: (last)	(first)	Birth date:
Kean ID:	Student Cell:	

Measles, Mumps, Rubella: Required for all students (Only students age 31 and older are exempt from the MMR requirement).

<u>MMR (two-dose series):</u> Dose #1 ____ / ____ / ____ (Must be on or after 1st birthday & after 12/31/67) Dose #2 ____ / ____ / ____ (Must be at least 28 days after 1st dose)	OR	<u>Measles:</u> Dose #1: ____ / ____ / ____ <u>Measles:</u> Dose #2: ____ / ____ / ____ <u>Mumps:</u> ____ / ____ / ____ <u>Rubella:</u> ____ / ____ / ____	OR	<u>MMR Antibodies, IgG</u> within 10 years may be submitted as proof of immunity. <u>A copy of the laboratory report is required.</u> Please note, if non-immune, the state requires you to receive the appropriate vaccinations.
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Hepatitis B: Required for all new students registered for 12 or more credits (Only students age 31 and older are exempt from the Hep B requirement).

<u>Hepatitis B (three-dose series):</u> Dose #1: ____ / ____ / ____ Dose #2: ____ / ____ / ____ (Dose 2 must be at least 4 weeks after dose 1.) Dose #3: ____ / ____ / ____ (Dose 3 must be at least 16 weeks after dose 1 and 8 weeks after dose 2.)	OR	<u>Hepatitis B (two-dose series):</u> Dose #1: ____ / ____ / ____ Dose #2: ____ / ____ / ____	OR	<u>Hepatitis B Surface Antibodies</u> within 10 years may be submitted as proof of immunity. <u>A copy of the laboratory report is required.</u> Please note, if non-immune, the state requires you to receive the appropriate vaccinations.
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Tuberculosis Testing: Required for international students residing in the U.S. with a student visa

Nursing Program Additional Requirements:

Varicella Titers, 2nd Step PPD (or Quantiferon)

The following vaccinations are strongly recommended:

<u>Tuberculosis test (PPD, Mantoux - within 6 months):</u> Administer Date: ____ / ____ / ____ Result Date : ____ / ____ / ____ Result: ____ Positive* ____ Negative _____ mm induration *Positive results require documentation of a recent chest x-ray. Quantiferon accepted if prior BCG vaccination.	<u>Varicella Titers:</u> A copy of the laboratory report is required. If non immune, complete 2 dose series, and obtain updated blood work results. <u>2nd Step PPD, Mantoux placed, 1-3 weeks apart: (Quantiferon within 12 months accepted)</u> Administer Date: ____ / ____ / ____ Result Date : ____ / ____ / ____ Result: ____ Positive* ____ Negative _____ mm induration	<u>COVID-19:</u> Dose #1: ____ / ____ / ____ Dose #2: ____ / ____ / ____ Dose #3: ____ / ____ / ____ <u>Hepatitis A:</u> Dose #1: ____ / ____ / ____ Dose #2: ____ / ____ / ____ <u>Varicella:</u> Dose #1: ____ / ____ / ____ Dose #2: ____ / ____ / ____ <u>Tetanus-Diphtheria-Pertussis Booster (Tdap)</u> <u>NURSING PROGRAM REQUIREMENT:</u> (within the last ten years) Dose: ____ / ____ / ____ <u>Human Papillomavirus (HPV, Gardasil):</u> Dose #1: ____ / ____ / ____ Dose #2: ____ / ____ / ____ <u>Influenza (Current) NURSING PROGRAM REQUIREMENT:</u> Dose: ____ / ____ / ____
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Student's Name: (last)	(first)	Birth date:
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MENINGOCOCCAL VACCINE REQUIREMENTS

New Jersey law requires that new students enrolling in a public or private institution of higher education in New Jersey to have received meningococcal vaccines as recommended by the Advisory Committee on Immunization Practices (ACIP). There are two types of meningococcal vaccines that might be required depending on your age and your risks: the meningococcal conjugate vaccine (MenACYW) that protects against serogroups A, C, Y, and W disease; and the meningococcal serogroup B vaccine (MenB) that protects against serogroup B disease.

MenACYW (Menactra® and Menveo®) vaccine is routinely recommended at ages 11-12 years with a booster at 16 years. Adolescents who receive their first dose of MenACWY vaccine 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 MenACYW vaccine unless they are students living in residential housing or if another risk factor applies.

MenB (Bexsero® and Trumenba®) vaccine is routinely recommended for people ages 10 years or older with high risk health conditions. People 16-23 years old (preferably at ages 16-18) may also choose to get a MenB vaccine.

INSTRUCTIONS: To assist in determining which meningococcal vaccines may be required, review each of the indications in the table below, both by age and by increased risk, with your healthcare provider. Place a checkmark in the box next to each indication that applies to you.

By age indication		
Age	MenACYW Requirement	MenB Requirement
<input type="checkbox"/> ≤18 years of age, not at increased risk	✓ Vaccine required	✗ Vaccine not required
<input type="checkbox"/> ≥19 years of age, not at increased risk	✗ Vaccine not required	✗ Vaccine not required
By increased risk indication		
Indication	MenACYW Requirement	MenB Requirement
<input type="checkbox"/> Students living in residence hall	✓ Vaccine required	✗ Vaccine not required
<input type="checkbox"/> HIV infection	✓ Vaccine required	✗ Vaccine not required
<input type="checkbox"/> If you are a resident of a country where meningococcal disease is prevalent	✓ Vaccine required	✗ 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"/> Work in a laboratory with meningococcal bacteria (Neisseria meningitidis)	✓ Vaccine required	✓ Vaccine required
Meningococcal A,C,Y,W-135: (one dose since age 16): Dose #1: ____ / ____ / ____ Dose #2: ____ / ____ / ____		
Meningococcal B: Dose #1: ____ / ____ / ____ Dose #2: ____ / ____ / ____ Dose #3: ____ / ____ / ____ Select one: <input type="checkbox"/> Bexsero® <input type="checkbox"/> Trumenba®		

Record of immunization is NOT VALID unless signed and stamped by a healthcare professional.

Health Care Provider's Stamp:	Print Name: _____
	Address: _____

Health Care Provider's Signature: _____	Tel.#: _____



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CONSENT FOR TREATMENT

Instructions: This form is required for students who consent to receive care from the clinical staff at Kean University Student Health Services. Once the form is completed, the student must upload it to the Student Health Portal at kean.studenthealthportal.com. Please upload this document separate from your immunizations in the Document Upload section as "Consent For Treatment".

I hereby voluntarily consent to receive such care encompassing routine diagnostic procedures, medical treatment, preventative health measures, by Kean University Student Health Services, its clinical staff and employees, as is necessary in their judgment. I release Kean University Student Health Services of any and all liabilities for any treatment or care. I acknowledge that I have read and understood the above consent and if there are any questions, I will consult my personal physician to answer such questions.

In making medical decisions on my behalf for the benefit of the above named patient, I direct that the Healthcare Provider attempts to contact me. However, if medical care becomes essential, as in the case of a medical emergency, I give permission to the Healthcare Provider to make such decisions regarding treatment as deemed appropriate by the physician or nurse practitioner.

I acknowledge that I have read and understood the above consent. I certify that the above information is correct and has been read and understood by me.

Print Full Name of Patient

Signature of Patient

Kean University ID Number

Date

Patient Cell Phone Number

Parent/ Legal Guardian Signature required if under age 18:

Print Full Name of Parent/ Legal
Guardian

Signature of Parent/ Legal Guardian

Date

Relationship to Patient

Parent/ Legal Guardian Cell Phone Number