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

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.

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*

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).

MMR (two-dose series): 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	**Measles:** Dose #1:___/___/___ **Measles:** Dose #2:___/___/___ **Mumps:** ___/___/___ **Rubella:** ___/___/___	OR	**MMR Antibodies, IgG** within 10 years may be submitted as proof of immunity. *A copy of the laboratory report is required.* Please note, if non-immune, the state requires you to receive the appropriate vaccinations.

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).

Hepatitis B (three-dose series): 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	**Hepatitis B (two-dose series):** Dose #1:____/____/____ Dose #2:____/____/____	OR	**Hepatitis B Surface Antibodies** within 10 years may be submitted as proof of immunity. *A copy of the laboratory report is required.* Please note, if non-immune, the state requires you to receive the appropriate vaccinations.

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

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*

Student's Name: (last)	**(first)**	**Birth date:**

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. You can also visit the Center for Disease Control website at .cdc.gov/meningococcal/vaccine-info.html or American College Health Association website at acha.org.

MenACYW (Menveo® and MenQuadfi®) vaccine is routinely recommended at ages 11-12 years with a booster dose at 16 years. Adolescents who receive their first dose of MenACWY vaccine on or after their 16th birthday do not need a booster dose. If your last dose was given greater than 5 years after age 16 **AND** you are a new residential student, a booster will be required.

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 years) may also choose to get a MenB vaccine.

By age indication		
Age	**MenACYW Requirement**	**MenB Requirement**
❒ ≤18 years of age, not at increased risk	✓ Vaccine required	✗ Vaccine not required
❒ ≥19 years of age, at increased risk	✓ Vaccine required	✗ Vaccine not required
By increased risk indication		
Indication	**MenACYW Requirement**	**MenB Requirement**
❒ First year living in the residence halls	✓ Vaccine required	✗ Vaccine not required
❒ Military recruits	✓ Vaccine required	✗ Vaccine not required
❒ HIV infection	✓ Vaccine required	✗ Vaccine not required
❒ Travel to an area where the disease is common. Check cdc.gov/travel for travel-related risk.	✓ Vaccine required	✗ Vaccine not required
❒ Complement component deficiency or use of medication known as complement inhibitor (e.g., eculizumab)	✓ Vaccine required	✓ Vaccine required
❒ No spleen or problem with spleen - including sickle cell disease	✓ Vaccine required	✓ Vaccine required
❒ Work in a laboratory with meningococcal bacteria (Neisseria meningitidis)	✓ Vaccine required	✓ Vaccine required
❒ Part of an outbreak as declared by public health officials—you will be notified if this applies	✓ Vaccine required if outbreak caused by serogroup A, C, W or Y	✓ Vaccine required if outbreak caused by serogroup B
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: ❒ Bexsero® ❒Trumenba®		

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

Health Care Provider's Stamp:	**Name:** _____ **Address:** _____ _____
Health Care Provider's Signature: _____	**Tel.#:** _____

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*

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