

Policy Name:	Student Immunizations and Health Requirements				
Approval Authority:	RBHS Chancellor/Executive Vice President for Health Affairs	Adopted:	06/01/91	Reviewed:	02/17
Responsible Office:	RBHS Student Health Services, Newark & New Brunswick	Revised:	05/20/11, 5/20/13, 02/14/17		

1. Policy Statement

This policy details the immunization and health requirements for all Rutgers Biomedical and Health Sciences students.

2. Reason for Policy

To prevent outbreaks of vaccine preventable communicable diseases among students; to prevent or reduce the risk of transmission of vaccine preventable and other communicable diseases between and among students and patients and other persons at Rutgers and Rutgers-affiliated health care units; and to comply with N.J.S.A. 18A:61 D-1 et seq. and the regulations promulgated at N.J.A.C. 8:57-6.1 et seq.

3. Who Should Read this Policy

All Rutgers Biomedical and Health Sciences students, deans, program directors, student affairs and student health services staff.

4. Exhibits

- A. Summary of Student Immunization and Health Requirements
- B. Declination of Immunizations for Religious Reasons
- C. CDC classification of exposure-prone patient care procedures

5. Definitions

Requirement categories detail the type of activities the student may customarily participate in.

Category 1: Clinical activities, with risk of exposure to blood or potentially infectious body fluids

Category 2: Clinical activities, with no risk of exposure to blood or potentially infectious body fluids

Category 3: No clinical activities but risk of exposure to blood or potentially infectious body fluids (e.g., in labs or research)

Category 4: No clinical activities and no risk of exposure to blood or potentially infectious body fluids

Category 5: Web only (no clinical activities, no risk of exposure to blood or potentially infectious body fluids, and no classroom component)

6. The Policy

I. Immunizations and Health Requirements (Summary in EXHIBIT A)

A. Health history

All students must submit a complete health history within six months prior to first matriculation or enrollment and at appropriate intervals thereafter if indicated by the initial submission.

B. Hepatitis B (HBV)

1. Students **with no risk** of exposure to potentially infectious body fluids through clinical or laboratory activities (category 2 or 4) must submit documentation of 3 doses of vaccine or demonstrate serologic immunity with a quantitative Hepatitis B Surface Antibody.
2. Students **with risk** of exposure to potentially infectious body fluids through clinical activities (category 1) must undergo testing for HBV immunity and infection prior to matriculation, enrollment, or clinical activities. Testing should ordinarily consist of a quantitative Hepatitis B surface antibody (HBsAb) followed by additional tests as deemed appropriate by Student Health Service.
 - a. Students who *test negative for HBV* immunity must be tested for HBV infection, typically consisting of Hepatitis B surface antigen (HBsAg) *and* begin immunization against HBV prior to clinical activities or research activities with potential exposure to infectious body fluids or laboratory material.

In addition to testing for HBsAg, previously immunized students with inadequate levels of antibodies despite previous immunization must receive a booster dose of the vaccine prior to clinical activities or contact with potentially infectious body fluids or laboratory material.

Testing for antibody titers (HBsAb) 1-2 months post-immunization must be performed; non-responders to a primary series of immunizations and booster dose must complete a second three-dose immunization series and be tested again for response. Students who still do not respond with antibody production following a second series of immunizations are considered susceptible to HBV infection, and must be counseled regarding precautions to prevent HBV infection and the need to obtain hepatitis B immune globulin (HBIG) prophylaxis for any known or probable significant exposure to body fluids or laboratory material containing Hepatitis B.

- b. If the initial HBV tests demonstrate infection, the campus Student Health may consult with the student's program to identify if the student is expected to perform exposure-prone procedures (Exhibit C) during the course of study.
 - i. If the student is expected to perform exposure-prone procedures, the student may be asked to provide additional confirmatory laboratory tests to determine infectivity.
 - ii. If the HBV tests indicate a significant potential for transmission of the virus, an evaluation (including laboratory testing) will be made prior to clinical activities of the need for monitoring of clinical performance and/or of the scope of assigned or permitted clinical activities consistent with patient protection, especially the performance of

exposure-prone procedures (Exhibit C). This evaluation will customarily be made by a RBHS committee consisting of representatives from student affairs, the school or educational program in which the student is enrolled or wishes to enroll, legal management and the student's campus Student Health Service, in consultation with infectious disease experts. If enrolled under these circumstances, students may be restricted in their clinical activities. Enrollment and continuing enrollment of students who are potentially infectious for Hepatitis B are contingent upon their ability to perform all essential functions required for matriculation and/or completion of the curriculum of the educational program. Please refer to the RBHS HIV, HBV, and HCV policy for further detail.

- c. In all instances, current CDC recommendations should be followed regarding initial HBV immunization, post-immunization antibody titers, re-immunization or booster doses for inadequate antibody titers, and post-exposure immunoglobulin prophylaxis for non-responders.
3. Students **with risk** of exposure to potentially infectious body fluids through lab activities (category 3) must undergo testing for HBV immunity prior to matriculation, enrollment, or lab activities. Testing should ordinarily consist of antibody testing (HBsAb) followed by additional tests as deemed appropriate by the student's campus Student Health Service.
4. Per New Jersey state law, students enrolled in 12 or more credits who have not been vaccinated must complete the 3 dose series within 9 months of enrollment, those who have received one dose must receive the remaining doses within 6 months, and those who have received two doses must receive the remaining dose within 4 months.

C. Measles, Mumps, and Rubella (MMR)

1. Students born after 1956 must provide documentation that they have received 2 doses of the measles, mumps and rubella vaccine. Acceptable documentation includes:
 - a. Dates of 2 doses of MMR vaccine at least one month apart, or
 - b. Blood titers demonstrating immunity.
2. Students lacking proof of MMR immunization or immunity must receive the first dose of MMR before being permitted to attend classes.

D. Tuberculosis (TB) testing

1. Students **with clinical exposure or exposure to potentially infected body fluids or laboratory material** (categories 1, 2, and 3) must undergo TB testing using the Mantoux method (5 tuberculin units of purified protein derivative (PPD) injected intradermally), or an FDA-approved blood assay for TB, within six months prior to first matriculation or enrollment and annually thereafter if the initial test result is negative.
 - a. **Initial two step PPD**

If the result of a new student's PPD test taken within six months of matriculation or enrollment is negative and the student does not have another documented negative PPD test during the 12 months preceding matriculation or enrollment, the two-step method should be used in order to

detect boosting phenomena that might be misinterpreted at a subsequent testing as a skin-test conversion (new infection). Under the two-step method, a second test is performed 1-3 weeks after the first test. If the second test is positive, this is most likely a boosted reaction and not a skin-test conversion, and the student should be considered previously infected and cared for accordingly. If the second test remains negative, the student can be considered uninfected; a positive reaction to a subsequent test is likely to represent a new infection with *M. tuberculosis* (i.e., a skin-test conversion). Initial testing of new students who have documented negative PPD tests within 12 months of matriculation or enrollment can be done using one PPD test. Annual re-testing of continuing students may also be done using one PPD test.

b. Blood assays

If baseline TB testing is performed with an FDA-approved blood assay for TB, the above-described two-step method is not necessary. Annual retesting may be performed with an FDA-approved blood assay or PPD test.

c. History of BCG

Students with a history of BCG (bacille Calmette-Guerin) vaccination are not exempt from the TB testing requirement because there are no data to indicate that these individuals experience an excessively severe reaction to PPD testing, and because anyone with a history of BCG with a positive PPD test result is considered infected with TB and is treated accordingly. Students who received BCG may be screened with either an FDA-approved blood assay for TB or a tuberculin skin test. The blood assay is expected to result in fewer false positive results.

d. TB test interpretation

All PPD tests and FDA-approved blood assays for TB must be administered, read and interpreted in accordance with current Centers for Disease Control and Prevention (CDC) guidelines and should be performed by trained personnel at a Rutgers Student Health Service, other Rutgers site or Rutgers-approved site.

e. Additional testing

Students with non-human primate contact must receive periodic testing every six months in accordance with the National Research Council's Occupational Health and Safety in the Care and Use of Research Animals. Students working with *M. tuberculosis* must be periodically tested every 6 months for infection

f. Management of positive tests

Students who have initial positive TB test results, subsequent TB test conversions, or symptoms suggestive of TB must be evaluated promptly for active TB. This evaluation should include a history, clinical examination and a chest X-ray and may include an FDA-approved blood assay for TB. If the history, clinical examination or chest X-ray is compatible with active TB, additional tests, such as sputum microscopy and culture, should be performed. If symptoms compatible with active TB are present, the student should be excluded from educational activities until either (a) a diagnosis of active TB is ruled out or (b) a diagnosis of active TB is established,

treatment is begun and a determination is made by the director of a Rutgers Student Health Service that the student is noninfectious. Students who do not have active TB should be evaluated for treatment of latent TB infection according to published CDC guidelines. However, therapy for latent infection in the absence of active disease cannot be required. If the evaluation for active TB, treatment for active TB and/or therapy for latent infection is carried out at a facility other than a Rutgers site or Rutgers-approved site, all test results and documentation of care provided must be shared with the director of the appropriate Rutgers Student Health Service. Students receiving treatment for latent TB infection need not be restricted from usual educational or clinical activities.

2. Students **with no clinical activities and no risk of exposure to blood or potentially infectious body fluids** (category 4) at higher risk for TB (as defined by the CDC) must undergo TB testing using either an FDA-approved blood assay for TB or skin test using the Mantoux method (5 tuberculin units of purified protein derivative (PPD) injected intradermally), within six months prior to first matriculation or enrollment.
 - a. If a PPD test is performed and positive, the student must submit results of a chest x-ray or an FDA-approved blood assay for TB demonstrating absence of active disease within the past 6 months.
 - b. If an FDA-approved blood assay for TB is performed and positive, the student must submit a chest x-ray demonstrating absence of active disease within the past 6 months.
 - c. Further guidance on the use and interpretation of tuberculin tests is detailed in 6.I.D.1.

E. Varicella (chickenpox)

Students with clinical activities or who are located in any patient-care facility (categories 1, 2, and 3) must, prior to matriculation or enrollment, receive 2 doses of varicella vaccine 4 to 8 weeks apart or prove immunity to varicella-zoster virus via serology. Because of potential transmission of the vaccine virus to susceptible high-risk patients, such as immunocompromised patients, newborns and pregnant women, contact with high-risk susceptible patients should be avoided if a vaccine-related rash develops within three weeks of receipt of either the first or second dose of the vaccine.

Varicella vaccination is also recommended for all other students.

F. Tetanus-diphtheria-pertussis

All students should have completed a primary series of tetanus, diphtheria and pertussis immunization (DPT), received one dose of Tdap (tetanus-diphtheria-acellular pertussis) since age 19, and received a booster dose of Td (tetanus-diphtheria) every 10 years.

Students with clinical activities or who are located in any patient-care facility must, prior to matriculation or enrollment, receive one dose of Tdap (tetanus-diphtheria-acellular pertussis).

G. Meningitis

1. Students residing in University student housing must receive or have proof of having received one dose of meningococcal vaccine covering serotypes ACYW after age 16. Other students shall be provided information on meningococcal disease and the meningococcal vaccine upon enrollment.

2. A meningococcal conjugate vaccine (eg. MCV4, Menactra® or Menveo®), covering serogroups ACYW is required.
3. In addition, students may opt to receive a meningococcal serotype B vaccine, but this will not fulfill the meningitis ACYW requirement.
4. Unvaccinated students may be denied access to campus housing.

H. Influenza

Students with clinical activities or who are located in any patient-care facility must be immunized each year during the fall season with the current influenza vaccine.

All students are encouraged to obtain annual influenza vaccinations in order to help prevent large-scale outbreaks on campus and to keep absenteeism due to influenza at a minimum.

I. Polio

All students should have completed a full 3-dose primary series of poliovirus vaccine. Students who have not completed or cannot document a primary series of poliovirus vaccine should receive at least one additional dose or a full 3-dose series, as appropriate, of enhanced-potency inactivated polio vaccine.

J. Clinical affiliates

Students who receive part of their educational program at any clinical affiliate of the University must be in compliance with all health and immunization requirements of the other institution as well as with the applicable requirements of this policy.

II. Exemptions from requirements

Other than the exceptions/exemptions listed below, this policy shall apply to every student matriculated or enrolled full-time or part-time in a Rutgers school or program, including joint and collaborative programs with other institutions, and to all visiting, exchange and special-program students from other institutions.

- A. Students who have a documented history of a positive TB test or a documented history of previous or current adequate treatment for active TB disease, or a documented history of completion of adequate therapy for latent TB infection may be exempt from any further PPD testing unless they develop signs or symptoms suggestive of TB.
- B. The program director, following consultation with the appropriate Student Health Service director, may exempt from one or more of the requirements listed in sections 6.I a non-matriculated less-than-half-time student who will not have any clinical activities or other activity with risk of exposure.
- C. For visiting, exchange and special program students from other institutions who are not matriculated or enrolled in a regular Rutgers program, documentation from another educational or health-care institution of having met the requirements listed in section 6.I may be accepted by the program director in consultation with the appropriate Student Health Service director.
- D. Students whose entire course of study is web-based who will never physically attend any classes on a Rutgers campus are exempt from all the above immunization requirements (category 5). To qualify, students must have no clinical activities, no risk of exposure to blood or potentially infectious body fluids, and no classroom or practicum component. Students in a web-based program who work on independent projects or practica on their own may be exempt from immunization requirements.

- E. This policy shall not apply to individuals who will not engage in clinical activities while participating in continuing education and other programs that do not lead to an academic degree or academic certificate.
- F. Individuals enrolling in short-term programs (less than 40 classroom or clinical hours) involving clinical activities, in which the individual will earn continuing education units (CEUs) and not academic credit, may be exempted, at the discretion of the appropriate Student Health Service director, from health and immunization requirements of this policy, if the exemption is consistent with other Rutgers policies and conforms to SHEA guidelines.
- G. A student may be exempted from any required immunization if he/she has a medical contraindication for that immunization and if failure to receive this immunization does not prevent fulfillment of the Essential Functions and/or curricular requirements of the academic program. Conditions comprising valid medical contraindications to vaccine administration are those set forth by the Centers for Disease Control and Prevention. Such students must present to the their campus Student Health Service director a written statement from a physician licensed to practice medicine in the United States or a foreign country stating that a specific immunization is medically contraindicated, and giving the reasons for and duration of this contraindication. These written physician's statements shall become part of the student's immunization record and shall be reviewed periodically by a health professional from the campus Student Health Service or an infectious disease expert to determine whether this exemption shall remain in effect. When a medical contraindication no longer exists, the student must then comply with the immunization requirements. The University shall provide reasonable accommodations to those students whose medical condition contraindicates immunizations so long as the failure to be immunized will not prevent the student from fulfilling the Essential Functions and/or curricular requirements of the academic program. Each school/program shall determine the immunization and testing requirements for its academic program(s) in accordance with this policy. Students will be informed of the immunization and testing requirements prior to matriculation or enrollment, or upon adoption of new requirements.
- H. A student may be considered for exemption from any required immunization if the student submits to the campus Student Health Service director a written signed statement explaining how immunization conflicts with his or her *bona fide* religious beliefs or practices and if failure to receive this immunization does not prevent fulfillment of the Essential Functions and/or curricular requirements of the academic program. A general philosophical or moral objection to immunization shall not suffice as the basis for exemption on religious grounds. The student shall be required to acknowledge in writing that he or she was informed of the value of immunizations and has knowingly declined to have such immunizations for religious reasons (Exhibit B). The University shall provide reasonable accommodations to those students whose religious beliefs bar immunizations so long as the failure to be immunized will not prevent the student from fulfilling the Essential Functions and/or curricular requirements of the academic program.

If the failure to be immunized will not prevent the student from fulfilling the Essential Functions and/or curricular requirements of the academic program, then exemptions related to religious belief or practices shall be approved by the campus Student Health Service director in consultation with the program director and, if appropriate, with the Office of Legal Management.

- I. Students who are not accepted into a Rutgers educational program in sufficient time to produce required documentation or to complete immunizations and tests by the start of classes in the first year of his or her educational program may be enrolled, but considered in temporary (provisional) compliance for the first semester or trimester of classes. However, depending upon which documentation, immunization or test is lacking, these students may be excluded from certain activities such as clinical activities or laboratory work. For example, students will not be permitted to have clinical contact or

contact with blood or other potentially infectious body fluids or laboratory material if they have not received at least one dose of hepatitis B vaccine or cannot provide serologic evidence of current immunity to hepatitis B; students will not be permitted to have clinical contact unless they have received tuberculin testing and any required follow up. Provisional enrollment on this basis may not continue beyond the first semester or trimester.

- J. In case of a campus outbreak, students who are known to lack immunity or have not been vaccinated may be removed from campus until deemed safe to return.

III. Record keeping requirements

- A. Acceptable documents serving as evidence of previous immunization and/or immunity will be determined by the Student Health Services directors and may include:
 - 1. an official school immunization record or copy thereof from any primary, secondary, undergraduate, graduate, health professions or other school;
 - 2. a record from any public health department;
 - 3. a medical record or form summarizing a medical record and prior immunizations signed by a physician licensed to practice medicine in any jurisdiction of the United States or foreign country or other licensed health professional approved by the New Jersey State Department of Health;
 - 4. a report of serology from a licensed laboratory.
- B. Each Rutgers school shall ensure the maintenance of records of the immunizations and/or immune status of all students including those on provisional status, if any. Documents pertaining to previous immunizations, immune status, and medical and religious exemptions shall also be maintained. A summary of student measles-mumps-rubella, meningococcal and hepatitis B immunization status must be sent annually to the New Jersey Department of Health and Senior Services in accordance with N.J.A.C. 8:57-6.13. Immunization records must be kept for at least three years following graduation, termination, transfer or other departure of a student from Rutgers. Because of the necessity for immunization records to be available for inspection by the State (section 6.III.C), they must be kept separate from student academic, health and other confidential records.
- C. Summaries of measles-mumps-rubella, meningococcal and hepatitis B student immunization/immune status must be available for inspection by authorized representatives of the New Jersey Department of Health and Senior Services, and the local board of health within 24 hours of notification, as required by N.J.A.C. 8:57-6.14.

Exhibit A: Summary of student immunization and health requirements

	1	2	3	4	5
REQUIREMENT	CLINICAL ACTIVITIES, WITH RISK OF EXPOSURE TO BLOOD OR POTENTIALLY INFECTIOUS BODY FLUIDS	CLINICAL ACTIVITIES, WITH NO RISK OF EXPOSURE TO BLOOD OR POTENTIALLY INFECTIOUS BODY FLUIDS	NO CLINICAL ACTIVITIES BUT RISK OF EXPOSURE TO BLOOD OR POTENTIALLY INFECTIOUS BODY FLUIDS (e.g., in labs or in research)	NO CLINICAL ACTIVITIES AND NO RISK OF EXPOSURE TO BLOOD OR POTENTIALLY INFECTIOUS BODY FLUIDS	WEB ONLY (NO CLINICAL ACTIVITIES, NO RISK OF EXPOSURE TO BLOOD OR POTENTIALLY INFECTIOUS BODY FLUIDS, AND NO CLASSROOM COMPONENT)
Complete health history	REQUIRED	REQUIRED	REQUIRED	REQUIRED	NOT REQUIRED
Hepatitis B - serology; 3 doses of vaccine (at least one dose prior to any activities with any risk of exposure) or serologic proof of immunity	PROOF OF IMMUNITY (SEROLOGY) REQUIRED IF NON-IMMUNE, ADDITIONAL SEROLOGY REQUIRED	VACCINE OR PROOF OF IMMUNITY REQUIRED	PROOF OF IMMUNITY (SEROLOGY) REQUIRED IF NON-IMMUNE, ADDITIONAL SEROLOGY REQUIRED	VACCINE OR PROOF OF IMMUNITY REQUIRED	RECOMMENDED
Tuberculosis (TB) testing	REQUIRED	REQUIRED	REQUIRED	REQUIRED FOR STUDENTS AT HIGH RISK FOR TB	NOT REQUIRED
Measles, Mumps, Rubella -2 doses of vaccine or serologic proof of immunity	REQUIRED	REQUIRED	REQUIRED	REQUIRED	RECOMMENDED
Influenza - annual dose of vaccine in the fall	REQUIRED	REQUIRED	REQUIRED IF LOCATED IN ANY PATIENT-CARE FACILITY RECOMMENDED FOR ALL OTHERS	REQUIRED IF LOCATED IN ANY PATIENT-CARE FACILITY RECOMMENDED FOR ALL OTHERS	RECOMMENDED
Varicella - 2 doses of vaccine or serologic proof of immunity	REQUIRED	REQUIRED	REQUIRED IF LOCATED IN ANY PATIENT-CARE FACILITY RECOMMENDED FOR ALL OTHERS	REQUIRED IF LOCATED IN ANY PATIENT-CARE FACILITY RECOMMENDED FOR ALL OTHERS	RECOMMENDED
Tetanus-diphtheria-pertussis - primary series plus Tdap booster	REQUIRED	REQUIRED	REQUIRED IF LOCATED IN ANY PATIENT-CARE FACILITY RECOMMENDED FOR ALL OTHERS	REQUIRED IF LOCATED IN ANY PATIENT-CARE FACILITY RECOMMENDED FOR ALL OTHERS	RECOMMENDED
Polio - Primary 3-dose series of vaccine or booster dose(s)	RECOMMENDED	RECOMMENDED	RECOMMENDED	RECOMMENDED	RECOMMENDED
Meningococcal meningitis – 1 dose of vaccine since age 16	REQUIRED IF RESIDING IN UNIVERSITY STUDENT HOUSING	REQUIRED IF RESIDING IN UNIVERSITY STUDENT HOUSING	REQUIRED IF RESIDING IN UNIVERSITY STUDENT HOUSING	REQUIRED IF RESIDING IN UNIVERSITY STUDENT HOUSING	NOT APPLICABLE

Exhibit B: Religious exemption

Declination of immunizations for religious reasons

Dear Student,

You have objected on religious grounds to receiving immunizations in accordance with the Rutgers policy on Student Immunizations and Health Requirements. The New Jersey regulation that governs religious exemptions from mandatory immunization (N.J.A.C. 8:57-6.11) requires that you submit a signed statement explaining how the administration of immunizing agents conflicts with your religious beliefs. You may provide this statement on the attached Declination of Immunizations form, so that your request can be considered by the University.

Enclosed for your review is a copy of the Rutgers Policy on Student Immunizations and Health Requirements. Please note that Section 6.II.H provides for exemption from required immunizations on bona fide religious grounds, as long as the failure to be immunized will not prevent fulfillment of the curricular requirements or Essential Functions of the academic program. Normally, if your educational program includes required activities involving clinical contact or potentially infectious blood or laboratory material, you will be unable to fulfill the academic requirements unless you obtain the required immunizations. If your educational program does not include such activities, and if your request for religious exemption and explanation are found to be acceptable by the University, your future academic activities will be limited to those that do not involve exposure to patients or to potentially infectious materials for which immunizations exist. This will include restrictions on use of animals in research. In order to ascertain that your failure to be immunized will not prevent fulfillment of your academic program, your Rutgers School must confirm that your program of study is not expected to require clinical contact or exposure to potentially infectious blood or laboratory material for which immunizations exist. Part B of the attached Declination of Immunizations form is for this confirmation. You should submit the form to your School's Office of the Dean or Student Affairs for completion of Part B after you have completed Part A of the form. Please submit the fully completed form to your campus Student Health Service.

Even if the likelihood of your being exposed through your academic program to blood-borne pathogens is minimal, you should be aware of the benefits to you and to others in the community of immunizations against hepatitis B, measles, mumps, rubella, influenza, varicella, tetanus-diphtheria-pertussis and polio. We at Rutgers believe strongly in the benefits and safety of our immunization requirements for students as individuals and for our society as a whole. Please refer to the enclosed Rutgers policy for more information. You should also review in detail the information provided by the U.S. Centers for Disease Control and Prevention (CDC) about vaccine-preventable diseases at <http://www.cdc.gov/vaccines/> and in other portions of the CDC web site. After reading the referenced information, please contact your campus Student Health Service if you have any additional questions. After reviewing these items and asking any questions you may have, you must complete, sign and date the Declination of Immunizations Form, which acknowledges that you have been informed of the value of immunizations and that you have knowingly declined them for religious reasons.

Please be aware that should an outbreak of a vaccine preventable illness occur on campus, students who lack immunity or have not been vaccinated may be removed from campus until deemed safe to return.

Please be aware that TB testing is required of students as detailed in the Student Immunizations and Health Requirements Policy.

Exhibit B (continued)

Declination of immunizations for religious reasons form

Part A: STUDENT TO COMPLETE

I have been informed of the Rutgers policy governing Student Immunizations and Health Requirements and of the immunizations required by Rutgers prior to enrollment as a student. I understand that exemptions from immunization requirements can be approved and will not impact my education as long as failure to be immunized will not prevent fulfillment of the curricular requirements or Essential Functions of the academic program. Further I understand that if I lack immunity or have not been vaccinated, during an outbreak of a vaccine preventable illness occur on campus, I may be removed from campus until deemed safe to return.

I hereby decline to receive immunizations for religious reasons. Administration of immunizing agents conflicts with my religious beliefs or practices because:

I have been given the opportunity to be vaccinated against hepatitis B, measles, mumps, rubella, influenza, varicella, tetanus-diphtheria-pertussis, meningococcal meningitis ACYW and polio, and hereby decline to do so. I understand that my failure to obtain these immunizations involves risks of my contracting serious infectious diseases. I also understand that, if I want to be immunized against these diseases now or at any time in the future while I am enrolled at Rutgers, I can receive these immunizations at Rutgers.

I agree to hold Rutgers, its officers, faculty, employees and agents harmless in the event of any illness or injury resulting from my declining immunizations.

Name of Student (please print): _____

Student's Signature : _____ Date: _____

Part B: SCHOOL/PROGRAM TO COMPLETE

The student's academic program is:

- Not expected to include clinical contact, or contact with potentially infectious blood or laboratory material against which immunizations exist.
- Expected to include clinical contact, or contact with potentially infectious blood or laboratory material against which immunizations exist.

Rutgers School or Program: _____

Signature of Dean or designee: _____ Date: _____

Please return this form to: _____, MD, Medical Director,
Student Health Service

If you have any questions, please feel free to call the Student Health Service at _____ - _____ - _____ between the hours of _____ and _____, or email to _____@rutgers.edu

Exhibit C:
CDC classification of exposure-prone patient care procedures

Category I. Procedures known or likely to pose an increased risk of percutaneous injury to a health-care provider that have resulted in provider-to-patient transmission of hepatitis B virus (HBV)

These procedures are limited to major abdominal, cardiothoracic, and orthopedic surgery, repair of major traumatic injuries, abdominal and vaginal hysterectomy, caesarean section, vaginal deliveries, and major oral or maxillofacial surgery (e.g., fracture reductions). Techniques that have been demonstrated to increase the risk for health-care provider percutaneous injury and provider-to-patient blood exposure include

- digital palpation of a needle tip in a body cavity and/or
- the simultaneous presence of a health care provider's fingers and a needle or other sharp instrument or object (e.g., bone spicule) in a poorly visualized or highly confined anatomic site.

Category I procedures, especially those that have been implicated in HBV transmission, are not ordinarily performed by students fulfilling the essential functions of a medical or dental school education.

Category II. All other invasive and noninvasive procedures

These and similar procedures are not included in Category I as they pose low or no risk for percutaneous injury to a health-care provider or, if a percutaneous injury occurs, it usually happens outside a patient's body and generally does not pose a risk for provider-to-patient blood exposure. These include

- surgical and obstetrical/gynecologic procedures that do not involve the techniques listed for Category I;
- the use of needles or other sharp devices when the health-care provider's hands are outside a body cavity (e.g., phlebotomy, placing and maintaining peripheral and central intravascular lines, administering medication by injection, performing needle biopsies, or lumbar puncture);
- dental procedures other than major oral or maxillofacial surgery;
- insertion of tubes (e.g., nasogastric, endotracheal, rectal, or urinary catheters);
- endoscopic or bronchoscopic procedures;
- internal examination with a gloved hand that does not involve the use of sharp devices (e.g., vaginal, oral, and rectal examination; and
- procedures that involve external physical touch (e.g., general physical or eye examinations or blood pressure checks).

References

Guidance for Evaluating Health-Care Personnel for Hepatitis B Virus Protection and for Administering Postexposure Management. CDC MMWR December 20, 2013;62(10): 1-19.

<http://www.cdc.gov/mmwr/PDF/rr/rr6210.pdf>

Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005. CDC MMWR December 30, 2005;54(17):1-141.

<http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf>

Immunization of health-care personnel: recommendations of the Advisory Committee on Immunization Practices (ACIP). CDC MMWR Nov 25, 2011;60(7):1-45.

<http://www.cdc.gov/mmwr/pdf/rr/rr6007.pdf>

Society for Healthcare Epidemiology of America (SHEA) Guideline for Management of Healthcare Workers Who Are Infected with Hepatitis B Virus, Hepatitis C Virus, and/or Human Immunodeficiency Virus, Infection Control and Hospital Epidemiology, March 2010, Vol. 31, No 3.

<https://www.cpso.on.ca/uploadedFiles/members/membership/shea-guideline.pdf>

Updated CDC Recommendations for the Management of Hepatitis B Virus–Infected Health-Care Providers and Students. CDC MMWR July 6, 2012;61(RR03);1-12.

<https://www.cdc.gov/mmwr/pdf/rr/rr6103.pdf>