Policy Name: Student Immunizations and Health Requirements

Approval Authority: RBHS Chancellor

Originally Issued: 06/01/91

Revisions: 05/20/11, 5/20/13

1. **Who Should Read This Policy**

   All Rutgers University students within Robert Wood Johnson Medical School, School of Health Related Professions, Rutgers School of Dental Medicine, New Jersey Medical School, Graduate School of Biomedical Sciences, School of Public Health, and School of Nursing (former UMDNJ School of Nursing).

2. **Related Documents (refer to policies.rutgers.edu for additional information)**

   A. Disabilities and RBHS Students/Applicants
   
   B. Student Essential Functions
   
   C. Tuberculosis Surveillance
   
   D. HIV, HBV and HCV

3. **The Policy**

   Immunizations and Health Requirements (Summary in EXHIBIT A):

   1. **History and physical exam:** All students must undergo a complete history and physical examination within six months prior to first matriculation or enrollment and at annual or other appropriate intervals thereafter if indicated by the initial findings. The results of the history and physical examination must be reported to the appropriate student health service or school administrator’s office.

   2. **Hepatitis B:**

      a. Students must be vaccinated against hepatitis B (3 doses of vaccine) prior to or within 9 months of initial enrollment, or be able to demonstrate serologic proof of immunity to hepatitis B. Students who have received one dose of the vaccine prior to initial enrollment must receive the remaining two doses within 6 months of initial enrollment; students who have received two doses must receive the remaining dose within 4 months.

      b. Students who may have clinical activities with risk of exposure to blood or other potentially infectious body fluids, or laboratory/research contact with blood or other potentially infectious body fluids or laboratory material
must undergo testing for HBV infection and immunity prior to enrollment or matriculation, and prior to clinical activities, in addition to any previous immunization against HBV. These tests should ordinarily consist of hepatitis B surface antigen (HBsAg), and antibody to HBsAg (HBsAb) followed by additional tests as deemed appropriate by the campus Student Health Service.

i. If students test negative for HBV infection and immunity, and they have not been previously immunized, they must begin immunization against HBV prior to clinical activities or contact with blood or other potentially infectious body fluids or laboratory material. If a student cannot complete the full three-dose series of immunizations prior to enrollment or matriculation, at least one dose of vaccine must be taken prior to commencing any activities with any risk of exposure. If students test negative for HBV infection and have been previously immunized but have inadequate levels of antibodies despite such previous immunization, they must receive a booster dose of the vaccine prior to clinical activities or contact with other 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 HbsAg-positive blood.

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.

ii. If the initial HBV tests are positive and indicate a significant potential for transmission of the virus, an evaluation 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. This evaluation will be made by a committee consisting of representatives of the University Office of Academic Affairs, the School or educational program in which the student is enrolled or wishes to enroll, Legal Management and the 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 completion of the curriculum of the educational program.
3. **Tuberculosis (TB):** Each student 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 three months prior to first matriculation or enrollment, and annually thereafter if the initial test result was negative. 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.

If the result of a new student’s PPD test taken within three 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.

If baseline TB testing is performed with an FDA-approved blood assay for TB, the above-described two-step method is not necessary.

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.

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

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. 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 RBHS 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 activities.

4. **Measles-mumps-rubella:** All students must submit documented proof of immunity to measles, mumps and rubella prior to matriculation or enrollment. Immunity can be proved by:
   a. serologic (laboratory) evidence of immunity to each disease, or
   b. documentation of receipt of two doses of live-virus measles vaccine, the first dose administered on or after the first birthday and the second dose no earlier than one month after the first dose; plus two doses of live-virus mumps vaccine administered on or after the first birthday; plus one dose of live-virus rubella vaccine administered on or after the first birthday. This requirement may be met by two doses of live-virus MMR (measles-mumps-rubella) vaccine or any combination of MMR, bivalent and monovalent vaccines that result in two doses of measles vaccine and one dose each of mumps and rubella. An official record of measles, mumps and rubella immunizations administered by a public health department or by any physician licensed to practice medicine in any jurisdiction of the United States or foreign country, or by any other health professional licensed to administer immunizations in New Jersey constitutes adequate documentation of measles-mumps-rubella immunization.

Students lacking the necessary documentation of immunity as described above must receive at least one dose of MMR before being permitted to begin classes; a second dose must be taken no less than one month later.

5. **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 should be encouraged to obtain annual influenza vaccinations in order to help prevent large-scale outbreaks on campus and within health care units and to keep absenteeism due to influenza at a minimum.

6. **Varicella:** All students without evidence of immunity to varicella should receive 2 doses of varicella vaccine 4 to 8 weeks apart. Students with clinical activities or who are located in any patient-care facility 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.

7. **Tetanus-diphtheria-pertussis:** All students should have completed a primary series of tetanus, diphtheria and pertussis immunizations (DPT), and received a booster dose of Td (tetanus-diphtheria) every 10 years since. Effective for students matriculating or enrolling in the 2007 Fall semester or later, with the availability of Tdap (tetanus-diphtheriaacellular pertussis) immunization, students with clinical activities or who are located in any patient-care facility must, prior to matriculation or enrollment, receive one dose of Tdap. Students
without clinical activities and who are not located in a patient-care facility are strongly encouraged to receive Tdap.

8. **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.

9. **Meningococcal meningitis:** Students residing in University student housing must receive or have proof of having received one dose of meningococcal vaccine. Other students shall be provided information on meningococcal disease and the meningococcal vaccine upon enrollment.

10. 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.

B. Exemptions/Exceptions

Other than the exceptions/exemptions listed below, this policy shall apply to every student matriculated or enrolled full-time or part-time in a RBHS school or program, including joint and collaborative programs with other institutions, and to all visiting, exchange and special-program students from other institutions. However, under no circumstances shall matriculated students be permitted to have contact with patients or with blood or other potentially infectious body fluids or laboratory material if they have not received at least the first of three hepatitis B immunizations or cannot provide serologic evidence of current immunity to hepatitis B. In addition, under no circumstances shall students be permitted to have contact with patients unless they have received TB testing and any required follow up (see Section V.A.3).

1. 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. However students excluded from TB skin testing due to a prior positive test or treatment for past active disease must be evaluated for current active disease when symptoms suggestive of active TB occur.

2. The student affairs dean, following consultation with the student health services director, may exempt from one or more of the requirements listed in section V.A a non-matriculated less-than-half-time student who will not have any clinical activities or other activity with risk of exposure. However any such student studying in a patient-care facility should nevertheless comply with the requirements for a complete history and physical exam, TB testing, measles-mumps-rubella immunity, annual influenza immunization, varicella immunity, and tetanus-diphtheria-pertussis booster.

3. For visiting, exchange and special program students from other institutions who are not matriculated or enrolled in a regular RBHS program, documentation from another educational or health-care institution of having met the requirements listed in section V.A may be accepted by the student affairs dean in consultation with the student health services director.
4. Students enrolled only in distance education courses or programs who will never physically attend any classes on a Rutgers Campus must comply with all requirements of this policy if they will have clinical activities as part of their educational program. All other distance-education students shall be encouraged to be immunized and tested according to this policy, but shall not be required to follow this policy. However distance-education students who are located at a Rutgers-affiliated facility must meet the requirements of that facility.

5. This policy shall not apply to individuals who will not engage in clinical activities while participating in Continuing Education and other programs, such as Mini-Med School, that do not lead to an academic degree or academic certificate.

6. 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 student health services director, from the physical exam requirement of this policy. Individuals enrolled in short-term programs may be exempted, at the discretion of the student health services director from other health and immunization requirements of this policy, if the exemption is consistent with other RBHS policies and conforms to SHEA Guidelines (Exhibit C).

7. 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 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 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 (see Section V.C) and shall be reviewed annually by a health professional from the student health service of that school or campus or an infectious disease expert to determine whether this exemption shall remain in effect for the next year. 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 curricular requirements of the academic program. Each school/program shall determine the immunization and testing requirements for its academic program(s) in accordance with section V.A of this policy. Students will be informed of the immunization and testing requirements prior to matriculation or enrollment, or upon adoption of new requirements.

8. 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 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 curricular requirements of the academic program. Each school/program shall determine the immunization and testing requirements for its academic program(s) in accordance with section V.A of this policy. Students will be informed of the immunization and testing requirements prior to matriculation or enrollment, or upon adoption of new requirements.

9. If recommended by the campus Student Health Service Director, exemptions related to medical contraindication shall be approved by the Dean in consultation with the pertinent Associate or Assistant Dean, if the failure to be immunized will not prevent the student from fulfilling the Essential Functions and curricular requirements of the academic program. Exemptions related to religious belief or practices shall be approved by the Dean on the recommendation of the pertinent Associate or Assistant Dean in consultation, if appropriate, with the Office of Legal Management, if the failure to be immunized will not prevent the student from fulfilling the Essential Functions and curricular requirements of the academic program.

In both cases, the RBHS Vice Chancellor for Academic Affairs and the University Office of Academic Affairs should be consulted before a final decision is rendered.

10. Students who are not accepted into a RBHS 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 if temporary exemption is granted in writing by the student affairs dean. 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.

C. Record-Keeping Requirements:

1. Acceptable evidence of required immunizations, immune status or health status listed in section V.A is required for each non-exempt student prior to initial or subsequent registration.

2. Acceptable documents serving as evidence of previous immunization and/or immunity will be determined by the student health services directors or student affairs deans and may include:

   a. an official school immunization record or copy thereof from any primary, secondary, undergraduate, graduate, health professions or other school;

   b. a record from any public health department;
c. 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;

d. a report of serology from a licensed laboratory.

3. Each RBHS 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 V.C.4), they must be kept separate from student academic, health and other confidential records.

4. 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.

VI. EXHIBITS

A. Summary of Student Immunization and Health Requirements

B. Declination of Immunizations for Religious Reasons

C. Tables from 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.

<table>
<thead>
<tr>
<th>REQUIREMENT</th>
<th>CLINICAL ACTIVITIES, WITH RISK OF EXPOSURE TO BLOOD OR POTENTIALLY INFECTIOUS BODY FLUIDS</th>
<th>CLINICAL ACTIVITIES, WITH NO RISK OF EXPOSURE TO BLOOD OR POTENTIALLY INFECTIOUS BODY FLUIDS</th>
<th>NO CLINICAL ACTIVITIES BUT RISK OF EXPOSURE TO BLOOD OR POTENTIALLY INFECTIOUS BODY FLUIDS (e.g., in labs or in research)</th>
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<td><strong>Hepatitis B</strong> - serology; 3 doses of vaccine (at least one dose prior to any activities with any risk of exposure) or serologic proof of immunity</td>
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<td>VACCINE OR PROOF OF IMMUNITY REQUIRED</td>
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<td>Post-vaccination serology required</td>
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<td><strong>Measles</strong> - 2 doses of vaccine or serologic proof of immunity</td>
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<td><strong>Rubella</strong> - 1 dose of vaccine or serologic proof of immunity</td>
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<td><strong>Influenza</strong> - annual dose of vaccine in the fall</td>
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<td>REQUIRED IF LOCATED IN ANY PATIENT-CARE FACILITY</td>
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<td><strong>Varicella</strong> - 2 doses of vaccine or serologic proof of immunity</td>
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<td>REQUIRED</td>
<td>REQUIRED IF LOCATED IN ANY PATIENT-CARE FACILITY</td>
<td>RECOMMENDED FOR ALL OTHERS</td>
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<td><strong>Tetanus-diphtheria-pertussis</strong> - primary series plus Tdap booster</td>
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<td><strong>Polio</strong> - Primary 3-dose series of vaccine or booster dose(s)</td>
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<td><strong>Meningococcal meningitis</strong> – 1 dose of vaccine</td>
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<td>REQUIRED IF RESIDING IN UNIVERSITY STUDENT HOUSING</td>
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*See full policy for details and for exceptions/ exemption*
EXHIBIT B

DECLINATION OF IMMUNIZATIONS FOR RELIGIOUS REASONS

(date)

Dear Student,

You have objected on religious grounds to receiving immunizations in accordance with the RBHS policy on Student Immunizations and Health Requirements (please refer to policies.rutgers.edu for additional information). 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 RBHS Policy on Student Immunizations and Health Requirements. Please note that Section V.B.6 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 Essential Functions and curricular requirements 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 RBHS School must confirm that your program of study is not expected to require clinical contact or 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 for completion of Part B after you have completed Part A of the form. Please submit the fully completed form to the Student Health Center for your campus.

Even if the likelihood of your being exposed through your academic program to bloodborne 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 RBHS 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 Rutgers 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 TB skin testing is required of all students, in accordance with the Student Immunizations and Health Requirements Policy.
DECLINATION OF IMMUNIZATIONS FOR RELIGIOUS REASONS FORM

Part A

I have been informed of the RBHS policy governing Student Immunizations and Health Requirements and of the immunizations required by RBHS prior to enrollment as a student. 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 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 Biomedical and Health Sciences (RBHS), I can receive these immunizations at Rutgers.

I agree to hold RBHS, 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

This student’s academic program is not expected to include clinical contact, or contact with potentially infectious blood or laboratory material against which immunizations exist.

RBHS 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 __________
### TABLE 2. Categorization of Healthcare-Associated Procedures According to Level of Risk for Bloodborne Pathogen Transmission

**Category I: Procedures with de minimis risk of bloodborne virus transmission**
- Regular history-taking and/or physical or dental examinations, including gloved oral examination with a mirror and/or tongue depressor and/or dental explorer and periodontal probe
- Routine dental preventive procedures (eg, application of sealants or topical fluoride or administration of prophylaxisa), diagnostic procedures, orthodontic procedures, prosthetic procedures (eg, denture fabrication), cosmetic procedures (eg, bleaching) not requiring local anesthesia
- Routine rectal or vaginal examination
- Minor surface suturing
- Elective peripheral phlebotomy
- Lower gastrointestinal tract endoscopic examinations and procedures, such as sigmoidoscopy and colonoscopy
- Hands-off supervision during surgical procedures and computer-aided remote or robotic surgical procedures
- Psychiatric evaluationsc

**Category II: Procedures for which bloodborne virus transmission is theoretically possible but unlikely**
- Locally anesthetized ophthalmologic surgery
- Locally anesthetized operative, prosthetic, and endodontic dental procedures
- Periodontal scaling and root planingd
- Minor oral surgical procedures (eg, simple tooth extraction [i.e., not requiring excess force], soft tissue flap or sectioning, minor soft tissue biopsy, or incision and drainage of an accessible abscess)
- Minor local procedures (eg, skin excision, abscess drainage, biopsy, and use of laser) under local anesthesia (often under bloodless conditions)
- Percutaneous cardiac procedures (eg, angiography and catheterization)
- Percutaneous and other minor orthopedic procedures
- Subcutaneous pacemaker implantation
- Bronchoscopy
- Insertion and maintenance of epidural and spinal anesthesia lines
- Minor gynecological procedures (eg, dilatation and curettage, suction abortion, colposcopy, insertion and removal of contraceptive devices and implants, and collection of ova)
- Male urological procedures (excluding transabdominal intrapelvic procedures)
- Upper gastrointestinal tract endoscopic procedures
- Minor vascular procedures (eg, embolectomy and vein stripping)
- Amputations, including major limbs (eg, hemipelvectomy and amputation of legs or arms) and minor amputations (eg, amputations of fingers, toes, hands, or feet)
- Breast augmentation or reduction
- Minimum-exposure plastic surgical procedures (eg, liposuction, minor skin resection for reshaping, face lift, brow lift, blepharoplasty, and otoplasty)
- Total and subtotal thyroidectomy and/or biopsy
- Endoscopic ear, nose, and throat surgery and simple ear and nasal procedures (eg, stapedectomy or stapedotomy, and insertion of tympanostomy tubes)
- Ophthalmic surgery
- Assistance with an uncomplicated vaginal deliverye
- Laparoscopic procedures
- Thoracoscopic proceduresf
- Nasal endoscopic proceduresg
- Routine arthroscopic proceduresh
- Plastic surgery
- Insertion of, maintenance of, and drug administration into arterial and central venous lines
- Endotracheal intubation and use of laryngeal mask
- Obtainment and use of venous and arterial access devices that occur under complete antiseptic technique, using universal precautions, “no-sharp” technique, and newly gloved hands

**Category III: Procedures for which there is definite risk of bloodborne virus transmission or that have been classified previously as “exposure-prone”**
**EXHIBIT C (continued)**

<table>
<thead>
<tr>
<th>General surgery, including nephrectomy, small bowel resection, cholecystectomy, subtotal thyroidectomy other elective open abdominal surgery</th>
</tr>
</thead>
<tbody>
<tr>
<td>General oral surgery, including surgical extractions, hard and soft tissue biopsy (if more extensive and/or having difficult access for suturing), apicoectomy, root amputation, gingivectomy, periodontal curettage, mucogingival and osseous surgery, alveoplasty or alveoectomy, and endosseous implant surgery</td>
</tr>
<tr>
<td>Cardiothoracic surgery, including valve replacement, coronary artery bypass grafting, other bypass surgery, heart transplantation, repair of congenital heart defects, thymectomy, and open-lung biopsy</td>
</tr>
<tr>
<td>Open extensive head and neck surgery involving bones, including oncological procedures</td>
</tr>
<tr>
<td>Neurosurgery, including craniotomy, other intracranial procedures, and open-spine surgery</td>
</tr>
<tr>
<td>Nonelective procedures performed in the emergency department, including open resuscitation efforts, deep suturing to arrest hemorrhage, and internal cardiac massage</td>
</tr>
<tr>
<td>Obstetrical/gynecological surgery, including cesarean delivery, hysterectomy, forceps delivery, episiotomy, cone biopsy, and ovarian cyst removal, and other transvaginal obstetrical and gynecological procedures involving hand-guided sharps</td>
</tr>
<tr>
<td>Orthopedic procedures, including total knee arthroplasty, total hip arthroplasty, major joint replacement surgery, open spine surgery, and open pelvic surgery</td>
</tr>
<tr>
<td>Extensive plastic surgery, including extensive cosmetic procedures (eg, abdominoplasty and thoracoplasty)</td>
</tr>
<tr>
<td>Transplantation surgery (except skin and corneal transplantation)</td>
</tr>
<tr>
<td>Trauma surgery, including open head injuries, facial and jaw fracture reductions, extensive soft-tissue trauma, and ophthalmic trauma</td>
</tr>
<tr>
<td>Interactions with patients in situations during which the risk of the patient biting the physician is significant; for example, interactions with violent patients or patients experiencing an epileptic seizure</td>
</tr>
<tr>
<td>Any open surgical procedure with a duration of more than 3 hours, probably necessitating glove change</td>
</tr>
</tbody>
</table>

Note: Modified from Reitsma et al.1

a Does not include subgingival scaling with hand instrumentation.

b If done emergently (e.g., during acute trauma or resuscitation efforts), peripheral phlebotomy is classified as Category III.

c If there is no risk present of biting or of otherwise violent patients.

d Use of an ultrasonic device for scaling and root planing would greatly reduce or eliminate the risk for percutaneous injury to the provider. If significant physical force with hand instrumentation is anticipated to be necessary, scaling and root planing and other Class II procedures could be reasonably classified as Category III.

e Making and suturing an episiotomy is classified as Category III.

f If unexpected circumstances require moving to an open procedure (eg, laparotomy or thoracotomy), some of these procedures will be classified as Category III.

g If moving to an open procedure is required, these procedures will be classified as Category III.

h If opening a joint is indicated and/or use of power instruments (eg, drills) is necessary, then this procedure is classified as Category III.

i A procedure involving bones, major vasculature, and/or deep body cavities will be classified as Category III.

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j Removal of an erupted or nonerupted tooth requiring elevation of a mucoperiosteal flap, removal of bone, or sectioning of tooth and suturing if needed.2

REFERENCES ON TABLES


Exhibit D

See: [http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6007a1.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6007a1.htm)