



The Center for Health, Wellness and Personal  
Counseling  
400 Paramus Road Room HS100  
Paramus, NJ 07652  
healthservices@bergen.edu

## IMMUNIZATION POLICY/CHECK LIST SPRING 2023

### PLEASE READ COMPLETELY AND CAREFULLY

#### To all NURSING, HEALTH PROFESSIONS and HEALTH PROFESSIONS STAFF

This information sheet is provided to assist you and your health provider with all the requirements that are now needed for all Nursing, Health Professions and Health Professions staff. **Please read it completely and carefully.**

The attached forms must be submitted via the health professions link that was provided in your acceptance packet. Staff can email to [healthservices@bergen.edu](mailto:healthservices@bergen.edu). **The due date is FRIDAY, DEC 16<sup>TH</sup>, 2022 for the SPRING 2023 semester.** It is understood if only a first dose of a series is being submitted. **ALL** your forms must be submitted at one time. Please follow the directions carefully from your acceptance packet. You can email any questions to [healthservices@bergen.edu](mailto:healthservices@bergen.edu). Using your Bergen email address is highly recommended for proper notification.

Our clinical affiliate hospitals have imposed effectively immediately, the following requirements that affect all Nursing Students, Health Professions and Health Professions staff.

1. A physical form needs to be filled out by your provider no more than than 6 months old. It is side 2 of the Nursing and Health Professions Immunization Requirement Form.
2. All Nursing, Health Professions students and Health Professions staff are required to have titers drawn for Measles (Rubeola), Mumps, Rubella, Varicella and Hepatitis B surface antibody. Laboratory **reports must be attached** immune or non-immune. If titers are non-immune/negative you must be revaccinated.
3. If Hepatitis B Surface Antibody blood titer is negative/non-immune (**attach titer**) and you have proof that you have receive the vaccine series, you can sign a declination (attached), and attach the immunization record Indicating the three dates.
4. If Varicella titer is negative/non-immune (**attach titer**) you may choose not to be revaccinated as long you have attached your Immunization recording showing 2 dates. If prior records are not available revaccination is required.
5. A recent Tdap vaccine. (within 10 years) (Please note that a TD, or Dtap is not in compliance.) attach immunization records is applicable.
6. **IF APPLICABLE**, Meningococcal vaccine 2 doses at age 11-18yrs old or 1 dose at age 19-23yrs od. Attach immunization record.
7. Flu vaccination. Consent to inject form must be attached along with Influenza Vaccine Mandatory Reporting form.
8. The Covid-19 vaccine card must be submitted.
9. A 2-step PPD test for first year students, or a Quantiferon Gold blood test or TSpot Blood test. **Copy of titer must be attached.** (Form is attached for 2-step.)
10. Respirator Medical Evaluation Questionnaire. Please complete all 5 pages.
11. Drug Screening (A form is attached with specific requirements and due date)
12. Copy of Health/Medical Insurance Company/Group card. (If you do not have health insurance, you can purchase a limited policy thru the Bursar's office. Please contact the Bursar's office at [bursaroffice@bergen.edu](mailto:bursaroffice@bergen.edu) for more information).