



## Immunization Record

**DO NOT SEND THIS FORM UNTIL IT IS COMPLETE. All students must pay a \$30.00 processing fee regardless of where immunizations are received. This fee will be posted in the student's bill.**

Please make a copy of this form for your records before returning it to Drexel University.

### Part I – Completed by student (all information must be printed legibly)

Name \_\_\_\_\_  
Last First Middle Initial

Address \_\_\_\_\_  
Street City State Zip

Student Identification Number (or Social Security Number) \_\_\_\_\_

Date of Entry into Drexel \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM YY MM DD YY

Status:  Part-Time  Full-Time Level:  Undergraduate  Graduate Residency:  Resident\*  Commuter

\* All students living in University housing are required to be vaccinated for meningitis (see section J of this form).

### Part II – Completed and signed by your health care provider

Please give all dates in MM/DD/YY format

A. MMR (Measles, Mumps, Rubella): Two doses required or individual vaccine as noted below.

- Dose 1 given at age 12 months or later and Dose 2 after 4 years of age 1. \_\_\_\_/\_\_\_\_/\_\_\_\_ 2. \_\_\_\_/\_\_\_\_/\_\_\_\_

**If you do not have two doses of MMR, you must complete 2 doses of B, C, and D**

B. Measles (Rubeola): Complete all that apply.

- Immunized with live vaccine at 12 months or later and after age 4 1. \_\_\_\_/\_\_\_\_/\_\_\_\_ 2. \_\_\_\_/\_\_\_\_/\_\_\_\_
- Has report of positive immune titer (specify date) 1. \_\_\_\_/\_\_\_\_/\_\_\_\_
- Had disease confirmed by doctor's records 1. \_\_\_\_/\_\_\_\_/\_\_\_\_

C. Rubella (German Measles): Clinical history is not acceptable. Complete all that apply.

- Immunized with live vaccine at age 12 months or later and after age 4 1. \_\_\_\_/\_\_\_\_/\_\_\_\_ 2. \_\_\_\_/\_\_\_\_/\_\_\_\_
- Has report of positive immune titer (specify date) 1. \_\_\_\_/\_\_\_\_/\_\_\_\_

D. Mumps: Complete all that apply.

- Immunized with live vaccine at age 12 months or later and after age 4 1. \_\_\_\_/\_\_\_\_/\_\_\_\_ 2. \_\_\_\_/\_\_\_\_/\_\_\_\_
- Has report of positive immune titer (specify date) 1. \_\_\_\_/\_\_\_\_/\_\_\_\_
- Had disease confirmed by doctor's records 1. \_\_\_\_/\_\_\_\_/\_\_\_\_

E. Tuberculosis (**PPD required regardless of prior BCG inoculation**)

- PPD (Mantoux): **Performed in the U.S. within the past 12 months** (Tine or Momovac not acceptable)

\_\_\_\_ mm induration Result:  Negative  Positive Date of test \_\_\_\_/\_\_\_\_/\_\_\_\_

If greater than 10mm induration, chest X ray required.

- Chest X ray result:  Normal  Abnormal Date of X ray \_\_\_\_/\_\_\_\_/\_\_\_\_

