

# IMMUNIZATION RECORD

University ID #:  
Necessary for all students

YOU MUST COMPLETE PARTS 1 AND 3 OF THIS FORM AND YOUR HEALTH CARE PROVIDER MUST COMPLETE PART 2. After completion of ALL REQUIREMENTS, upload your form at **one.drexel.edu**. Do not upload incomplete forms. A \$35 processing fee will be posted to the student's bill regardless of where immunizations are received.

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PART 1: COMPLETED BY THE STUDENT. ALL INFORMATION MUST BE PRINTED LEGIBLY OR FORM CANNOT BE PROCESSED.				
Last Name:		First Name:		Middle Initial:
DOB:		Date of Entry into Drexel:		
Full Mailing Address:				
Street Address		City	State	ZIP Code
Please Check: <input type="checkbox"/> University Housing <input type="checkbox"/> Commuter		Please Check: <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate		Please Check: <input type="checkbox"/> Domestic <input type="checkbox"/> International
Check Your College:	<input type="checkbox"/> University City Campus		<input type="checkbox"/> College of Nursing and Health Professions <input type="checkbox"/> College of Medicine <input type="checkbox"/> School of Public Health	

PART 2: TO BE COMPLETED AND SIGNED BY YOUR HEALTH CARE PROVIDER.					
A.	TUBERCULOSIS (PPD OR QUANTIFERON TEST REQUIRED REGARDLESS OF PRIOR BCG INOCULATION) PPD test performed in the U.S. within 12 months before the start of school OR Quantiferon test/T-Spot done in your country with the results in English.				
	PPD Tuberculin Skin Test <b>Must be performed in the United States.</b>	Date given (healthcare provider must initial):	Date read (healthcare provider must initial):	Result: _____ mm induration <input type="checkbox"/> Negative <input type="checkbox"/> Positive	If positive result: Date of chest X-ray ( <b>must be done in the United States</b> ): _____ Result: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
	OR Interferon Gamma Release Assay (IGRA) within two months of matriculation. <b>Must include lab report in English.</b>	Date obtained:	T-Spot  Quantiferon <i>(please circle)</i>	Result: <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Indeterminate	If positive result: Date of chest X-ray ( <b>lab report must be in English</b> ): _____ Result: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
B.	TDAP Required within last 10 years.				
Tetanus, Diphtheria, Pertussis (Tdap) No other version is accepted.		Date given:			
C.	MMR (Measles, Mumps, Rubella) Two doses of vaccine OR blood test showing immunity if born after 1956. Lab report required.				
Vaccination 1 <sup>st</sup> dose date:		Vaccination 2 <sup>nd</sup> dose date (minimum of four weeks after dose 1):			
OR Positive Rubeola (Measles) titer date and results (lab report required):					
OR Positive Mumps titer date and results (lab report required):					
OR Positive Rubella (German Measles) titer date and results (lab report required):					
D.	VARICELLA (Chicken Pox) Complete ONE of the following: history of disease, two doses of vaccine, or blood test showing immunity.				
History of disease: <input type="checkbox"/> Yes <input type="checkbox"/> No		Vaccination 2 <sup>nd</sup> dose date (minimum of four weeks after dose 1):			
OR Vaccination 1 <sup>st</sup> dose date:					
OR Varicella Antibody (ELISA) Lab report is required.	Date:	<input type="checkbox"/> Reactive <input type="checkbox"/> Non-reactive (Must receive two doses if not immune)			
E.	HEPATITIS B Completion of at least two of three required for University compliance (three doses required to complete the series)				
Vaccination 1 <sup>st</sup> dose date:		Vaccination 2 <sup>nd</sup> dose date (minimum of four weeks after dose 1):	Vaccination 3 <sup>rd</sup> dose date (minimum of eight weeks after dose 2 and a minimum of 16 weeks after dose 1):		
OR Hep B Titer Lab report is required.	Date:	<input type="checkbox"/> Immune			

<b>F.</b>	<b>MENINGOCOCCAL</b> Required for all full-time undergraduate students age 21 or younger and all students living in University housing.	
<b>Meningococcal Quadrivalent:</b>		
<ul style="list-style-type: none"> <li>All incoming, full-time undergraduate students who are age 21 or younger must submit proof of one dose of meningococcal conjugate vaccine (MCV4, such as Menactra or Menveo) since age 16.</li> <li>For any student who will be living in University housing, Pennsylvania law requires one dose of meningococcal Quadrivalent given since the age of 16.</li> </ul>		
<b>Quadrivalent conjugate</b> (check one):		Date given:
<input type="checkbox"/> Menactra <input type="checkbox"/> Menveo		

<b>G.</b>	<b>HEALTH CARE EXAMINER'S STATEMENT</b>	
I have verified that the individual I have examined is the named individual on this form and that the above tests/vaccinations were performed in this office/laboratory, or I have reviewed any documentation relative to the student's immunization record.		
<b>Examiner's Name (please print)</b>		
<b>License #:</b>		<b>Phone:</b>
<b>Signature of Healthcare Examiner:</b>		<b>Date:</b>

<b>PART 3: TO BE SIGNED BY THE STUDENT (MUST BE SIGNED BY STUDENT OR FORM WILL NOT BE PROCESSED)</b>	
<b>H.</b>	<b>STUDENT STATEMENT</b> Form cannot be processed without student signature.
<p><b>All Students:</b> The information provided on this form is correct. I understand that failure to complete this form correctly may jeopardize my student standing at Drexel University. I will submit this form as directed below.</p> <p><b>College of Nursing and Health Professions:</b> I understand that this form meets University requirements; however, there are additional program requirements that must also be satisfied. I will access them at <a href="http://drexel.edu/cnhp/about/compliance/complianceforms">drexel.edu/cnhp/about/compliance/complianceforms</a> and forward them to my program.</p>	
Student Signature: _____	University ID #: _____

<b>SUBMISSION INSTRUCTIONS:</b>		
<b>University City Campus</b>	<b>Center City and Queen Lane Campuses</b>	<b>Medical or Religious Exemptions:</b> If you require information about medical or religious exemptions from the University's immunization requirements, please contact the Immunization Office at <a href="mailto:healthimmu@drexel.edu">healthimmu@drexel.edu</a> .
Please upload your completed forms via the Immunization Form Upload on DrexelOne. Upload instructions can be found at <a href="http://drexel.edu/hii/immunizations">drexel.edu/hii/immunizations</a> . If you have any questions, email <a href="mailto:healthimmu@drexel.edu">healthimmu@drexel.edu</a> .	Please upload your completed forms via the Immunization Form Upload on DrexelOne. Upload instructions can be found at <a href="http://drexel.edu/hii/immunizations">drexel.edu/hii/immunizations</a> . If you have any questions, email <a href="mailto:VaccinesCNHP@drexel.edu">VaccinesCNHP@drexel.edu</a> .	

