

Immunization Record

DO NOT SEND THIS FORM UNTIL IT IS COMPLETE. All students must pay a \$35.00 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. Please complete the entire section.)

Name _____
Last First Middle Initial

Address _____
Street City State ZIP

Student Identification Number (Required) _____

Date of Entry into Drexel ____/____/____ Date of Birth ____/____/____
MM YY MM DD YY

Please check: ☐ University Housing ☐ Commuter

☐ Check here if you are a student in the College of Nursing & Health Professions, School of Public Health or Professional Studies in the Health Sciences* (Please see additional requirements in sections E, G, and H.)

Part II – Completed and signed by your healthcare 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. Hepatitis B

- Completion of at least two of three required (One month is required between dose #1 and dose #2.):

Dose #1 ____/____/____ Dose #2 ____/____/____ Dose #3 ____/____/____ OR Hep. B Surface Antigen

- Hepatitis B surface antigen antibody ____/____/____ ☐ Immune ☐ Not Immune

★☐ All CNHP Nursing students must provide documentation of all 3 doses of Hepatitis B AND proof of a positive titer

F. Tetanus, Diphtheria, Pertussis (Tdap): Within the past 8–10 years. One dose of Tdap for all college students, ages 11–64, regardless of interval since last Tdap booster.

• ____/____/____

G. Tuberculosis (PPD required regardless of prior BCG inoculation)

- PPD (Mantoux) **Performed in the U.S. within the past 12 months before the start of school**

(Tine or Monovac not acceptable):

_____ mm induration Result: ☐ Negative ☐ Positive Date of test __/__/__

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

- T Spot (alternative blood test to PPD test) Result: ☐ Normal ☐ Abnormal Date of test __/__/__
- Chest X-ray result: ☐ Normal ☐ Abnormal Date of X-ray __/__/__

*☐ Additional requirement for College of Nursing and Health Professions students only:

- Second Step PPD (Mantoux): Must be done 7–9 days after first PPD

_____ 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 __/__/__

H. Varicella

Either a history of chicken pox, a positive varicella antibody, or two doses of vaccine given at least one month apart if immunized after age 13 meets the requirement.

- History of disease ☐ Yes ☐ No
- Varicella antibody __/__/__ ☐ Reactive ☐ Non-reactive
- Immunization: Dose #1 __/__/__ Dose #2 (if first dose after age 13) __/__/__

*☐ Additional requirement for College of Nursing and Health Professions students only.

History of disease does not satisfy the requirement.

A positive (reactive) Varicella titer or two doses of the vaccine are required.

- Has report of positive immune titer (specify date) __/__/__ OR
- Immunization: Dose #1 __/__/__ Dose #2 __/__/__

Part III – Required Vaccine for Students Living in University Housing

A. Meningococcal (PA State Law for resident students)

One dose required prior to entry into college for students living in University housing. **Any undergraduate under age 25 who wishes to reduce risk of disease can consider the vaccine.** Students with immunodeficiency, such as complement deficiency or asplenia, should receive the vaccine every 3–5 years.

- Quadrivalent Polysaccharide Vaccine __/__/__

American College Health Association Recommendation: A booster dose is now recommended at 16 years of age for those who received the initial dose at age 11–12. If the initial dose was given at 13–15 years, the booster dose should be given at 16–18 years of age. If the initial dose was given at age 16 years or older, no booster is needed, except where there is continuing risk.

Part IV – Recommended Vaccine

- Influenza: Annual immunization is recommended to avoid disruption to academic activities.

Part V – Physician Information

Name _____

Signature _____

Address _____
Street City State ZIP

Phone Number _____ - _____ - _____

Return Address:

University City Main Campus
Health Insurance/Immunization Programs
Drexel University
3210 Chestnut Street, Creese 201
Philadelphia, PA 19104-2875

College of Nursing and Health Professions and School of Public Health:
Center City Hahnemann Campus
Office of Student Life
New College Building, Suite 1106
245 N. 15th Street, MS 482
Philadelphia, PA 19102

Medical or Religious Exemption

If you require information about medical or religious exemption from the University's immunization and vaccine requirements, please contact the Immunization Office at healthimmu@drexel.edu.