Health Insurance Policy

Drexel requires all full-time undergraduate, graduate, and international students to have health insurance coverage. You will be required to demonstrate proof of coverage under a health insurance plan or enroll in Drexel’s health insurance plan each year that you are a student at the University. You will receive notification about how to waive/enroll a few months before the start of school.

You’ll receive reminders about insurance coverage through your Drexel email account as well as letters to your home.

Students who do not comply by the appropriate deadline will be automatically enrolled in the Drexel Student Health Insurance Plan for one academic year, which will be billed to their student account at the appropriate rate. The deadlines are as follows: September 30, 2023 for students beginning in fall term, January 31, 2024 for students beginning in winter term, April 30, 2024 for students beginning in spring term, and August 30, 2023 for semester students.

All undergraduate international students are required to purchase the Drexel Student Health Insurance Plan. The only accepted plan in lieu of the Drexel Student Health Insurance Plan will be embassy-sponsored coverage. If you have embassy-sponsored coverage, it is necessary to bring your information to our office when you arrive at the University.

Immunization Policy

Drexel University requires all entering domestic full-time undergraduate and graduate students to complete an Immunization Record. The deadline to complete and submit this form is September 1, 2023 for quarter students and August 1, 2023 for semester students.

All full- and part-time international students (including all visa holders and permanent residents) are also required to complete an Immunization Record.

Please note: A $35 immunization processing fee is required of all students regardless of where they received their vaccines. This fee will be posted on the student’s eBill.

The Immunization Record is available to download from the Health Insurance and Immunization website at drexel.edu/hii/forms.

Please email healthimmu@drexel.edu with questions.

Online students are not required to complete an Immunization Record.

Submission Process

All students must upload completed Immunization Records using the Immunization Record channel on the Welcome tab via DrexelOne at one.drexel.edu. Upload instructions can be found at drexel.edu/hii/immunizations. Note that incomplete forms will be discarded by the system. Please refer back to DrexelOne 72 hours after uploading to check the status. After uploading, all students will be assessed a $35 University processing fee, which will be placed on their eBill.

Completing Your Immunization Record

1. Students must complete all of Part 1 of the Immunization Record (this form is located on the following page) and sign Part 3.
2. Part 2 of the Immunization Record is completed by their health care provider and they must sign where indicated.
3. Students must then complete Part I of the Tuberculosis Screening Questionnaire (following the Immunization Record in this guide) and your health care provider must complete Part II.
4. You must return the Tuberculosis Screening Questionnaire with your Immunization Record or your forms will not be processed.
5. All blood tests require titer lab reports to be attached in English.

Additional Requirements

Visit drexel.edu/cnhp/about/compliance/complianceforms to view your program-specific requirements and to download the CNHP immunization forms, which can then be submitted via DrexelOne. For more detailed information, visit drexel.edu/cnhp/about/compliance.
IMMUNIZATION RECORD
REQUIRED FOR ALL FULLTIME STUDENTS
Only submit completed forms, as incomplete forms are discarded by the system.

<table>
<thead>
<tr>
<th>PART 1: COMPLETED BY THE STUDENT. ALL INFORMATION MUST BE PRINTED LEGIBLY OR FORM CANNOT BE PROCESSED.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name:</td>
</tr>
<tr>
<td>DOB:</td>
</tr>
<tr>
<td>Full Mailing Address:</td>
</tr>
<tr>
<td>Please Check: University Housing</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PART 2: TO BE COMPLETED AND SIGNED BY YOUR HEALTH CARE PROVIDER.</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
</tr>
<tr>
<td>All students must have proof of Tdap dated 2005 or later. Td booster is accepted if Tdap is older than 10 years.</td>
</tr>
<tr>
<td>TDAP:</td>
</tr>
<tr>
<td>B.</td>
</tr>
<tr>
<td>1st dose date:</td>
</tr>
<tr>
<td>C.</td>
</tr>
<tr>
<td>History of disease: Yes OR No</td>
</tr>
<tr>
<td>Vaccination 2nd dose date (minimum of four weeks after dose 1):</td>
</tr>
<tr>
<td>D.</td>
</tr>
<tr>
<td>Vaccination 1st dose date:</td>
</tr>
<tr>
<td>Vaccination 3rd dose date (minimum of eight weeks after dose 2 and a minimum of 16 weeks after dose 1):</td>
</tr>
<tr>
<td>E.</td>
</tr>
<tr>
<td>Quadrivalent conjugate (circle one):</td>
</tr>
<tr>
<td>Menactra</td>
</tr>
<tr>
<td>F.</td>
</tr>
<tr>
<td>License #:</td>
</tr>
<tr>
<td>Signature of Healthcare Examiner:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PART 3: TO BE SIGNED BY THE STUDENT - FORM CANNOT BE PROCESSED WITHOUT STUDENT SIGNATURE.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Signature ________________________</td>
</tr>
</tbody>
</table>

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 the form using the directions provided on information sheet. College of Nursing and Health Professions: I understand that this form meets University requirements, however, if there are additional program requirements that must also be satisfied. I will access them at drexel.edu/cnhp/about/compliance/complianceforms and forward them to my program.
Tool for Institutional Use

Part I. Tuberculosis (TB) Screening Questionnaire (to be completed by incoming students)

Please answer the following questions:

1: Have you ever had close contact with persons known or suspected to have active TB disease?  
☐ Yes  ☐ No

2: Were you born in one of the countries or territories listed below that have a high incidence of active TB disease?  
☐ Yes  ☐ No

(If yes, please CIRCLE the country, below)

Afghanistan  Djibouti  Malawi  Rwanda  
Algeria  Dominican Republic  Malaysia  Sao Tome and Principe  
Angola  Ecuador  Maldives  Senegal  
Anguilla  El Salvador  Mali  Serbia  
Argentina  Equatorial Guinea  Marshall Islands  Sierra Leone  
Armenia  Eritrea  Mauritania  Singapore  
Azerbaijan  Ethiopia  Mauritius  Solomon Islands  
Bangladesh  Fiji  Mexico  Somalia  
Belarus  Gabon  Micronesia (Federated States of)  South Africa  
Belize  Gambia  Sudan  South Sudan  
Benin  Georgia  Mongolia  Sri Lanka  
Bhutan  Ghana  Montenegro  Tanzania (United Republic of)  
Bolivia (Plurinational State of)  Greenland  Morocco  Suriname  
Bosnia and Herzegovina  Guam  Mozambique  Swaziland  
Botswana  Guatemala  Myanmar  Syrian Arab Republic  
Brazil  Guinea  Namibia  Tajikistan  
Brunei Darussalam  Guinea-Bissau  Nauru  Thailand  
Bulgaria  Guyana  Nepal  Timor-Leste  
Burkina Faso  Haiti  New Caledonia  Togo  
Burundi  Honduras  Nicaragua  Turkmenistan  
Cabo Verde  India  Niger  Tunisia  
Cambodia  Indonesia  Nigeria  Uganda  
Cameroon  Iraq  Northern Mariana Islands  Tuvalu  
Central African Republic  Kazakhstan  Pakistan  Uganda  
Chad  Kenya  Palau  Ukraine  
China  Kiribati  Panama  Uruguay  
China, Hong Kong SAR  Kuwait  Papua New Guinea  Uzbekistan  
China, Macao SAR  Kyrgyzstan  Paraguay  Vanuatu  
Colombia  Lao People's Democratic Republic  Peru  Venezuela (Bolivarian Republic of)  
Comoros  Congo  Latvia  Philippines  
Republic  Congo  Côte d'Ivoire  Lesotho  Qatar  
Democratic People's Republic of Korea  Liberia  Republic of Korea  Yemen  
Democratic Republic of the Congo  Libya  Republic of Moldova  Zambian  
Lithuania  Madagascar  Russian Federation  Zimbabwe

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2015. Countries with incidence rates of 20 cases per 100,000 population.

3: Have you had frequent or prolonged visits* to one or more of the countries or territories listed above with a high prevalence of TB disease?  
☐ Yes  ☐ No

4: Have you been a resident and/or employee of high-risk congregate settings (e.g., correctional facilities, long-term care facilities, and homeless shelters)?  
☐ Yes  ☐ No

5: Have you been a volunteer or health care worker who served clients who are at increased risk for active TB disease?  
☐ Yes  ☐ No

6: Have you ever been a member of any of the following groups that may have an increased incidence of latent M. tuberculosis infection or active TB disease: medically underserved, low-income, or abusing drugs or alcohol?  
☐ Yes  ☐ No

If the answer is YES to any of the above questions, Drexel University requires that you receive TB testing as soon as possible. If the answer to all of the above questions is NO, no further testing or further action is required.

*The significance of the travel exposure should be discussed with a health care provider and evaluated.

Student Signature: _______________________________  Date: ____________________________
Part II. Clinical Assessment by Health Care Provider

Clinicians should review and verify the information in Part I. Persons who answered NO to all questions in Part I do not need further testing.

Persons who answered YES to any of the questions in Part I are candidates for either the Mantoux tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA), unless a previous positive test has been documented.

- History of a positive TB skin test or IGRA blood test?  (If yes, document below.)
  - Yes  No

- History of BCG vaccination?  (If yes, consider IGRA if possible.)
  - Yes  No

1. **TUBERCULIN SKIN TEST (TST): MUST BE PERFORMED IN THE UNITED STATES (IF CURRENTLY LIVING OUTSIDE OF THE UNITED STATES, GO TO #3).**
   (TST result should be recorded as actual millimeters [mm] of induration, transverse diameter; if no induration, write “0.” The TST interpretation should be based on mm of induration as well as risk factors.)**

   Date Given: ___/___/____  Date Read: ___/___/____
   M       D          Y                             M       D          Y
   Result: ________ mm of induration           **Interpretation:  positive____ negative____

   **INTERPRETATION GUIDELINES
   >10 mm is positive:
   • recent arrivals to the U.S. (<5 years) from high-prevalence areas or who resided in one for a significant* amount of time

2. **INTERFERON GAMMA RELEASE ASSAY (IGRA): MAY BE COMPLETED OUTSIDE OF THE UNITED STATES BUT LAB REPORT IS REQUIRED IN ENGLISH.**

   Date Obtained: ____/____/____
   M       D        Y
   (specify method)    QFT-GIT     T-Spot      other_____
   Result:   negative___      positive___     indeterminate___     borderline___ (T-Spot only)

3. **CHEST X-RAY: REQUIRED IF TST OR IGRA IS POSITIVE AND MUST BE PERFORMED IN THE UNITED STATES. LAB REPORT IS REQUIRED IN ENGLISH.**

   Date of chest X-ray: ____/____/____
   M       D        Y
   Result: normal____ abnormal____

Part III. Management of Positive TST or IGRA

All students with a positive TST or IGRA with no signs of active disease on chest X-ray should receive a recommendation to be treated for latent TB with appropriate medication.

Health Care Professional Signature _______________________________  Date __________________________