

INSURANCE AND IMMUNIZATIONS

To ensure the safety of all students, Drexel requires all full-time students to have health insurance and up-to-date immunizations. Learn more about each policy and review instructions for completing your Immunization Record at **drexel.edu/hii**.

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, 2024 for students beginning in fall term, January 31, 2025 for students beginning in winter term, April 30, 2025 for students beginning in spring term, and August 30, 2024 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, 2024 for quarter students and August 1, 2024 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 \$50 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.

 $On line\ students\ are\ not\ required\ to\ complete\ an\ Immunization\ Record.$

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 \$50 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 FULL-TIME STUDENTS

Student Signature _

Only submit completed forms, as incomplete forms are discarded by the system.

Student ID 8 digits: Necessary for all students

COMPLETED BY THE STUD	ENI. ALL IN	IFORMAT	ION MUST BE PRIN	ITED LEGIBLY (OR FORM CANNOT	BE PROCESSED.	
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		Drexel Sta	rt Date:month	year Er	nail address		
Address: Street Address	•			City	State	ZIP Code	
PART 2: TO BE COMPLETED AND SIGNED BY YOUR HEALTH CARE PROVIDER.							
TDAP - Required within last 10) years.						
		er.		TDAP:	Td:		
MMR (Measles, Mumps, Rubell	a) - Two dose	s of vacci	ne OR blood test sho	owing immunity (COPY OF LAB REPO	ORT REQUIRED.	
1 st d	lose date:		2 nd dose date (minim	um of four weeks	after dose 1):		
			wing: history of disea	ase, OR two dose	es of vaccine OR blo	ood test showing	
History of disease: ☐ Yes OR ☐ No			Vaccination 1st dose date: Vaccination 2nd dose date (minimum of four weeks after dose 1):				
				(three doses req	uired to complete th	ne series) OR blood	
			ite (minimum of four		Vaccination 3 rd dose date (minimum of eight weeks after dose 2 and a minimum of 16 weeks after dose 1):		
E. MENINGOCOCCAL - Required for all full-time undergraduate students age 21 or younger and all students living in University housing. Meningococcal Quadrivalent: (MCV4, such as Menactra, Menveo or Menquadfi) since age 16							
Quadrivalent conjugate (circle one): Menactra Menveo Menquadfi Date given:							
HEALTH CARE EXAMINER'S STATEMENT: I HAVE VERIFIED THAT THE INDIVIDUAL I HAVE EXAMINED IS THE NAMED INDIVIDUAL ON THIS F. 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							
License #: Phon			one:				
Signature of Healthcare Examiner: Date:			te:				
O BE SIGNED BY THE STU	DENT - FORI	M CANNO	F BE PROCESSED W	ITHOUT STUDE	NT SIGNATURE.		
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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.

Student ID# (8 digits)_

TUBERCULOSIS SCREENING QUESTIONNAIRE

Student ID 8 digits: Necessary for all students

Only submit completed forms, as incomplete forms are discarded by the system.

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Student Signature: _

Page Core Loberculosis 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? 2. Were you born in one of the countries or territories listed below that have a high incidence of active TB disease? 3. Were you born in one of the countries or territories listed below that have a high incidence of active TB disease? 3. Were you born in one of the countries or territories listed below that have a high incidence of active TB disease? 3. Were you born in one of the countries or territories listed below that have a high incidence of active TB disease? 4. Were you born in one of the countries or territories listed below that have a high incidence of active TB disease? 4. Were you born in one of the countries or territories listed below that have a high incidence of active TB disease? 4. Were you below that have a high incidence of active TB disease? 5. Were you born in one of the countries of the work and you have a proper you have you have you have you have a proper you have you have you have a proper you have you have a proper you have a proper you have you have you have you have you have you have y	Tool for Institution	ıl Use			
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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.)** M **Interpretation: positive____ negative_ Result: mm of induration **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. (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.

Part III. Management of Positive TST or IGRA

Date of chest X-ray: ____/___ Result: normal____ abnormal___

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	The state of the s
Health Care Professional Signature	Date

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Check out some current student stories about being involved at Drexel at **paperclip.drexel.edu**.

