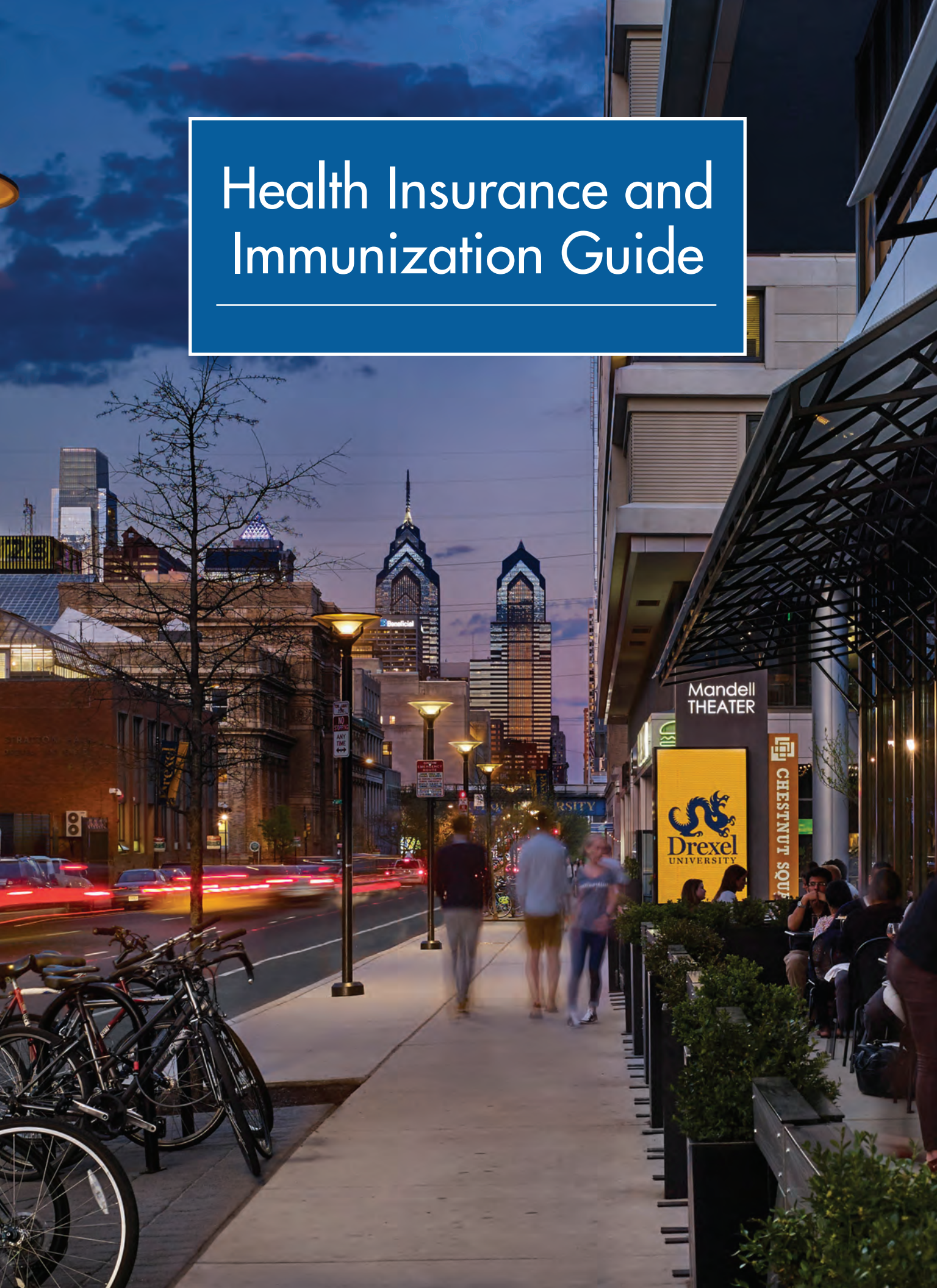


# Health Insurance and Immunization Guide

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# 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](https://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, 2022** for students beginning in fall term, **January 31, 2023** for students beginning in winter term, and **April 30, 2023** for students beginning in spring term.*

*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.

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 \$40 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](https://drexel.edu/hii/forms).

Students at the University City Campus, please email [healthimmu@drexel.edu](mailto:healthimmu@drexel.edu) with questions.

Students at the Center City and Queen Lane campuses, please email [vaccinescnhp@drexel.edu](mailto:vaccinescnhp@drexel.edu) with questions.

*Online students are not required to complete an Immunization Record.*

## Submission Process for All Students

All students must upload completed Immunization Records using the Immunization Record channel on the Welcome tab via DrexelOne at [one.drexel.edu](https://one.drexel.edu). Upload instructions can be found at [drexel.edu/hii/immunizations](https://drexel.edu/hii/immunizations). Please refer back to DrexelOne 72 hours after uploading to check the status.

## Additional Requirements

Visit [drexel.edu/cnhp/about/compliance/complianceforms](https://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](https://drexel.edu/cnhp/about/compliance).

## Completing Your Immunization Record

1. All 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 your health care provider and they must sign where indicated.
3. All students must complete Part I of the Tuberculosis Screening Questionnaire (follows 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.
6. Once your forms have been completely filled out, tear them out of this guide.
7. Upload only completed Immunization Record forms via DrexelOne, as incomplete forms will be discarded by the system.
8. All students will be assessed a \$40 University processing fee, which will be placed on their eBill.

# IMMUNIZATION RECORD

Student ID 8 digits:  
Necessary for all students

\_\_\_\_\_

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

**PART 1: COMPLETED BY THE STUDENT. ALL INFORMATION MUST BE PRINTED LEGIBLY OR FORM CANNOT BE PROCESSED.**

Last Name:		First Name:		Middle Initial:
DOB:		Drexel Start Date: _____month _____year Email address		
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		

**PART 2: TO BE COMPLETED AND SIGNED BY YOUR HEALTH CARE PROVIDER.**

<b>A.</b>	<b>TUBERCULOSIS – PLEASE SEE ATTACHMENT 1 TO COMPLY WITH THIS REQUIREMENT. ALL STUDENTS MUST UPLOAD PART 1 ALONG WITH THIS FORM</b>		
<b>B.</b>	<b>TDAP - Required within last 10 years.</b>		
All students must have proof of Tdap dated 2005 or later. Td does not satisfy this requirement. Td booster is required if Tdap is older than 10 years		TDAP:	Td:
<b>C.</b>	<b>MMR (Measles, Mumps, Rubella) - Two doses of vaccine OR blood test showing immunity COPY OF LAB REPORT REQUIRED.</b>		
1 <sup>st</sup> dose date:		2 <sup>nd</sup> dose date (minimum of four weeks after dose 1):	
<b>D.</b>	<b>VARICELLA (Chicken Pox) Complete ONE of the following: history of disease, OR two doses of vaccine OR blood test showing immunity COPY OF LAB REPORT IS REQUIRED.</b>		
History of disease: <input type="checkbox"/> Yes <b>OR</b> <input type="checkbox"/> No		Vaccination 1 <sup>st</sup> dose date _____ Vaccination 2 <sup>nd</sup> dose date (minimum of four weeks after dose 1): _____	
<b>E.</b>	<b>HEPATITIS B - Completion of at least two of three required for compliance (three doses required to complete the series) OR blood test showing immunity COPY OF LAB REPORT REQUIRED.</b>		
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):
<b>F.</b>	<b>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 or Menveo) since age 16</b>		
Quadrivalent conjugate (circle one): Menactra    Menveo		Date given:	

**G. HEALTH CARE EXAMINER'S STATEMENT: 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**

License #:	Phone:
Signature of Healthcare Examiner:	Date:

**PART 3: TO BE SIGNED BY THE STUDENT - FORM CANNOT BE PROCESSED WITHOUT STUDENT SIGNATURE.**

Student Signature \_\_\_\_\_ Student ID# (8 digits) \_\_\_\_\_

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](http://drexel.edu/cnhp/about/compliance/complianceforms) and forward them to my program.

**PLEASE VISIT DREXEL.EDU/HII FOR ANY UPDATES REGARDING DREXEL UNIVERSITY'S IMMUNIZATION REQUIREMENTS.**



## 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	Mongolia	South Sudan
Benin	Georgia	Montenegro	Sri Lanka
Bhutan	Ghana	Morocco	Sudan
Bolivia (Plurinational State of)	Greenland	Mozambique	Suriname
Bosnia and Herzegovina	Guam	Myanmar	Swaziland
Botswana	Guatemala	Namibia	Syrian Arab Republic
Brazil	Guinea	Nauru	Tajikistan
Brunei Darussalam	Guinea-Bissau	Nepal	Tanzania (United Republic of)
Bulgaria	Guyana	New Caledonia	Thailand
Burkina Faso	Haiti	Nicaragua	Timor-Leste
Burundi	Honduras	Niger	Togo
Cabo Verde	India	Nigeria	Tunisia
Cambodia	Indonesia	Northern Mariana Islands	Turkmenistan
Cameroon	Iraq	Pakistan	Tuvalu
Central African Republic	Kazakhstan	Palau	Uganda
Chad	Kenya	Panama	Ukraine
China	Kiribati	Papua New Guinea	Uruguay
China, Hong Kong SAR	Kuwait	Paraguay	Uzbekistan
China, Macao SAR	Kyrgyzstan	Peru	Vanuatu
Colombia	Lao People's Democratic Republic	Philippines	Venezuela (Bolivarian Republic of)
Comoros	Latvia	Portugal	Vietnam
Congo	Lesotho	Qatar	Yemen
Côte d'Ivoire	Liberia	Republic of Korea	Zambia
Democratic People's Republic of Korea	Libya	Republic of Moldova	Zimbabwe
Democratic Republic of the Congo	Lithuania	Romania	
	Madagascar	Russian Federation	

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? (If yes, CHECK the countries or territories, above)  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. TB SYMPTOM CHECK

Does the student have signs or symptoms of active pulmonary tuberculosis disease?  Yes  No

If No, proceed to 2 or 3.

#### If yes, check below:

- Cough (especially if lasting for 3 weeks or longer) with or without sputum production
- Coughing up blood (hemoptysis)
- Chest pain
- Loss of appetite
- Unexplained weight loss
- Night sweats
- Fever

Proceed with additional evaluation to exclude active tuberculosis disease, including tuberculin skin testing, chest X-ray, and sputum evaluation as indicated.

### 2. 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: \_\_\_/\_\_\_/\_\_\_  
                  M   D   Y

Date Read: \_\_\_/\_\_\_/\_\_\_  
                  M   D   Y

Result: \_\_\_\_\_ mm of induration

\*\*Interpretation: positive\_\_\_\_ negative\_\_\_\_

Date Given: \_\_\_/\_\_\_/\_\_\_  
                  M   D   Y

Date Read: \_\_\_/\_\_\_/\_\_\_  
                  M   D   Y

Result: \_\_\_\_\_ mm of induration

\*\*Interpretation: positive\_\_\_\_ negative\_\_\_\_

#### \*\*INTERPRETATION GUIDELINES

##### >5 mm is positive:

- recent close contacts of an individual with infectious TB
- persons with fibrotic changes on a prior chest X-ray, consistent with past TB disease
- organ transplant recipients and other immunosuppressed persons (including receiving equivalent of >15 mg/d of prednisone for >1 month)
- HIV-infected persons

##### >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
- injection drug users
- mycobacteriology laboratory personnel
- residents, employees, or volunteers in high-risk congregate settings
- persons with medical conditions that increase the risk of progression to TB disease, including silicosis, diabetes mellitus, chronic renal failure, certain types of cancer (leukemias and lymphomas, cancers of the head, neck, or lung), gastrectomy or jejunioileal bypass and weight loss of at least 10% below ideal body weight.

##### >15 mm is positive:

- persons with no known risk factors for TB who, except for certain testing programs required by law or regulation, would otherwise not be tested.

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



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

Date Obtained: \_\_\_\_/\_\_\_\_/\_\_\_\_ (specify method) QFT-GIT T-Spot other\_\_\_\_  
M D Y

Result: negative\_\_\_\_ positive\_\_\_\_ indeterminate\_\_\_\_ borderline\_\_\_\_ (T-Spot only)

Date Obtained: \_\_\_\_/\_\_\_\_/\_\_\_\_ (specify method) QFT-GIT T-Spot other\_\_\_\_  
M D Y

Result: negative\_\_\_\_ positive\_\_\_\_ indeterminate\_\_\_\_ borderline\_\_\_\_ (T-Spot only)

**4. 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: \_\_\_\_/\_\_\_\_/\_\_\_\_ Result: normal\_\_\_\_ abnormal\_\_\_\_  
M D Y

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**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. However, students in the following groups are at increased risk of progression from LTBI to TB disease and should be prioritized to begin treatment as soon as possible.

- Infected with HIV
- Recently infected with *M. tuberculosis* (within the past 2 years)
- History of untreated or inadequately treated TB disease, including persons with fibrotic changes on chest radiograph consistent with prior TB disease
- Receiving immunosuppressive therapy, such as tumor necrosis factor-alpha (TNF) antagonists, systemic corticosteroids equivalent to/greater than 15 mg of prednisone per day, or immunosuppressive drug therapy following organ transplantation
- Diagnosed with silicosis, diabetes mellitus, chronic renal failure, leukemia, or cancer of the head, neck, or lung
- Have had a gastrectomy or jejunioileal bypass
- Weigh less than 90% of their ideal body weight
- Cigarette smokers and persons who abuse drugs and/or alcohol

Student agrees to receive treatment

Student declines treatment at this time

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Health Care Professional Signature \_\_\_\_\_ Date \_\_\_\_\_



**AMBITION  
CAN'T  
WAIT**