The Immunization Record is available to download from the Health Insurance and Immunizations website at [drexel.edu/hii/forms](http://drexel.edu/hii/forms).

**To ensure the safety of all students, Drexel requires all full-time students to have up-to-date immunizations.**

**Completing Your Immunization Record**

1. You must return the Tuberculosis Screening Questionnaire with your Immunization Record or your forms will not be processed.
2. All students must complete all of Part 1 of the Immunization Record (this form is located on the following page) and sign Part 3.
3. Part 2 of the Immunization Record is completed by your health care provider and they must sign where indicated.
4. 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.
5. All blood tests require titer lab reports to be attached in English.
6. Upload only completed forms via DrexelOne, as incomplete forms will be discarded.

**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 $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 bill.

Students at the University City Campus, please email healthimmu@drexel.edu with questions.

Students at the Center City and Queen Lane campuses, please email 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](http://one.drexel.edu). Upload instructions can be found at [drexel.edu/hii/immunizations](http://drexel.edu/hii/immunizations). Please refer back to DrexelOne 48–72 hours after uploading to check the status.

**Additional Requirements**

Visit [drexel.edu/cnhp/about/compliance/programspecific](http://drexel.edu/cnhp/about/compliance/programspecific) to view your program-specific requirements and to download the CNHP immunization forms, which we will accept and can be uploaded to DrexelOne. If you have any questions, email cnhpcompliance@drexel.edu.
IMMUNIZATION RECORD

PART 1: TO BE COMPLETED AND SUBMITTED BY YOU.

Last Name: First Name: Middle Initial:
DOB: Drexel Start Date: ______month ______year
Full Mailing Address:
Street Address City State ZIP Code
Email address

Please Check: ___ University Housing ___ Commuter
Please Check: ___ Undergraduate ___ Graduate
Please Check: ___ Domestic ___ International

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

A. TUBERCULOSIS – PLEASE SEE ATTACHMENT 1 TO COMPLY WITH THIS REQUIREMENT. ALL STUDENTS MUST UPLOAD PART 1 ALONG WITH THIS FORM

B. TDAP - Required within last 10 years.
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

C. MMR (Measles, Mumps, Rubella) - Two doses of vaccine OR blood test showing immunity COPY OF LAB REPORT REQUIRED.
1st dose date: 2nd dose date (minimum of four weeks after dose 1):

D. 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.
History of disease: ___Yes ___No OR
Vaccination 1st dose date:
Vaccination 2nd dose date (minimum of four weeks after dose 1):

E. 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.
Vaccination 1st dose date:
Vaccination 2nd dose date (minimum of four weeks after dose 1):
Vaccination 3rd dose date (minimum of eight weeks after dose 2 and a minimum of 16 weeks after dose 1):

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

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2015. Countries with incidence rates of 20 cases per 100,000 population. For future updates, refer to who.int/tb/country/data/profiles.

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 but at least prior to the start of the subsequent semester.

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 answering 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 (hemoptyisis)
- 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), WHICH MUST BE PERFORMED IN THE UNITED STATES

(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____

Date Given: ___/___/___ Date Read: ___/___/___
M D Y 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 jejunooileal 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)

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)

Date of chest x-ray: _____/_____/____ Result: normal____ abnormal_____

M D Y

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 jejunoileal 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

Health Care Professional Signature ____________________________ Date ______________