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, 2021 for students beginning in fall term, January 31, 2022 for students beginning in winter term, and April 30, 2022 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.

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. Upload instructions can be found at 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 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.

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

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.**

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name:</th>
<th>Middle Initial:</th>
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DOB: Drexel Start Date: ______month   _____year   Email address

Full Mailing Address:

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<tr>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>ZIP Code</th>
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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

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<th>TDAP:</th>
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**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):

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<th>1st dose date:</th>
<th>2nd dose date (minimum of four weeks after dose 1):</th>
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**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 OR ☐ No

Vaccination 1st dose date:  
Vaccination 2nd dose date (minimum of four weeks after dose 1):

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<thead>
<tr>
<th>Vaccination 1st dose date:</th>
<th>Vaccination 2nd dose date (minimum of four weeks after dose 1):</th>
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**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):

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<th>Vaccination 1st dose date:</th>
<th>Vaccination 2nd dose date (minimum of four weeks after dose 1):</th>
<th>Vaccination 3rd dose date (minimum of eight weeks after dose 2 and a minimum of 16 weeks after dose 1):</th>
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**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:

Quadrivalent conjugate (circle one):  
Menactra  
Menveo

Date given:

<table>
<thead>
<tr>
<th>Quadrivalent conjugate (circle one):</th>
<th>Date given:</th>
</tr>
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<tbody>
<tr>
<td>Menactra</td>
<td></td>
</tr>
<tr>
<td>Menveo</td>
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**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:

<table>
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<tr>
<th>License #:</th>
<th>Phone:</th>
<th>Signature of Healthcare Examiner:</th>
<th>Date:</th>
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**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 and forward them to my program.

**PLEASE VISIT DREXEL.EDU/HII FOR ANY UPDATES REGARDING DREXEL UNIVERSITY’S IMMUNIZATION REQUIREMENTS.**
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  States of  South Sudan
   Benin  Georgia  Mongolia  Sri Lanka
   Bhutan  Ghana  Montenegro  Sudan
   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  Tanzania (United Republic of)
   Bulgaria  Guyana  Nepal  Thailand
   Burkina Faso  Haiti  New Caledonia  Timor-Leste
   Burundi  Honduras  Nicaragua  Togo
   Cabo Verde  India  Niger  Tunisia
   Cambodia  Indonesia  Nigeria  Turkmenistan
   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  Democratic Republic  Philippines  Vietnam
   Congo  Latvia  Portugal  Yemen
   Côte d'Ivoire  Lesotho  Qatar
   Democratic People's Republic of Korea  Liberia  Republic of Korea  Zambia
   Democratic People's Republic of Korea  Liberia  Republic of Moldova  Zimbabwe
   Democratic Republic of the Congo  Lithuania  Romania  Russian Federation

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.

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: ____/____/____ 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 jejunoleal 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_____
Result: negative___ positive___ indeterminate___ borderline___ (T-Spot only)

Date Obtained: ____/____/____ (specify method) QFT-GIT T-Spot other_____
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_____

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 ______________