

Immunization Record

DO NOT SEND THIS FORM UNTIL IT IS COMPLETE. All students must pay a \$35.00 processing fee regardless of where immunizations are received. This fee will be posted in the student's bill.

Please make a copy of this form for your records before returning it to Drexel University.

Part I – Completed by student (All information must be printed legibly. Please complete the entire section.)

Name _____

Last

First

Middle Initial

Address _____

Street

City

State

ZIP

Student Identification Number (Required) _____

Date of Entry into Drexel ____/____/____ Date of Birth ____/____/____
MM YY MM DD YY

Please check: University Housing Commuter

Check here if you are a student in the College of Nursing & Health Professions, School of Public Health or Professional Studies in the Health Sciences* (Please see additional requirements in sections E, G, and H.)

Part II – Completed and signed by your healthcare provider

Please give all dates in MM/DD/YY format

A. MMR (Measles, Mumps, Rubella): Two doses required or individual vaccine as noted below.

- Dose 1 given at age 12 months or later and Dose 2 after 4 years of age 1. ____/____/____ 2. ____/____/____
If you do not have two doses of MMR, you must complete 2 doses of B, C, and D.

B. Measles (Rubeola): Complete all that apply.

- Immunized with live vaccine at 12 months or later and after age 4 1. ____/____/____ 2. ____/____/____
- Has report of positive immune titer (specify date) 1. ____/____/____
- Had disease confirmed by doctor's records 1. ____/____/____

C. Rubella (German Measles): Clinical history is not acceptable. Complete all that apply.

- Immunized with live vaccine at age 12 months or later and after age 4 1. ____/____/____ 2. ____/____/____
- Has report of positive immune titer (specify date) 1. ____/____/____

D. Mumps: Complete all that apply.

- Immunized with live vaccine at age 12 months or later and after age 4 1. ____/____/____ 2. ____/____/____
- Has report of positive immune titer (specify date) 1. ____/____/____
- Had disease confirmed by doctor's records 1. ____/____/____

E. Hepatitis B

- Completion of at least two of three required (One month is required between dose #1 and dose #2.):

Dose #1 ____/____/____ Dose #2 ____/____/____ Dose #3 ____/____/____ OR Hep. B Surface Antigen

- Hepatitis B surface antigen antibody ____/____/____ Immune Not Immune

* All CNHP Nursing students must provide documentation of all 3 doses of Hepatitis B AND proof of a positive titer

F. Tetanus, Diphtheria, Pertussis (Tdap): Within the past 8–10 years. One dose of Tdap for all college students, ages 11–64, regardless of interval since last Tdap booster.

• ____/____/____

