DREXEL UNIVERSITY
Health Insurance & Immunizations
Student Affairs

Drexel Student ID #:
Necessary for all students

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IMMUNIZATION RECORD

Do not send this form until it is complete.
A $35 processing fee will be posted to student's bill regardless of where immunizations are received.

PLEASE MAKE A COPY OF THIS FORM FOR YOUR RECORDS.

PART 1: COMPLETED BY STUDENT. ALL INFORMATION MUST BE PRINTED LEGIBLY OR FORM CANNOT BE PROCESSED.		
Last Name:	First Name:	Middle Initial:
DOB:	Date of Entry:	
Full Mailing Address:		
Please Check: ___ Commuter ___ University Housing	Please check: ___ Undergraduate ___ Graduate	
Check your college:	☐ University City Campus, BUR, & SAC (All colleges)	☐ College of Medicine ☐ School of Public Health

PART 2: TO BE COMPLETED AND SIGNED BY YOUR HEALTHCARE PROVIDER

A.	**TUBERCULOSIS** (PPD REQUIRED REGARDLESS OF PRIOR BCG INOCULATION) **Performed in the U.S. within the past 12 months before the start of school.**			
PPD Tuberculin Skin Test	Date given	Date read	Results: _____ mm induration ☐ Negative ☐ Positive	If positive PPD result: Date of Chest X-Ray _____ Result: ☐ Normal ☐ Abnormal
OR Interferon Gamma Release Assay (IGRA) within two months of start date	Date Obtained:	T-Spot Quantiferon *(please circle)*	Result: ☐ Negative ☐ Positive ☐ Indeterminate	If positive result: Date of Chest X-Ray _____ Result: ☐ Normal ☐ Abnormal

B.	**TDAP** **Required within last 10 years**
Tetanus, Diphtheria, Pertussis (Tdap) No other version is accepted.	Date Given:

C.	**MMR** (Measles, Mumps, Rubella) **2 doses of vaccine, positive titers, or history of disease required.**
Vaccination 1st Dose date:	Vaccination 2nd Dose date (minimum of four weeks after dose 1):
OR Positive Rubeola (Measles) titer date and results:	**OR** Date of disease (if history):
OR Positive Mumps titer date and results:	**OR** Date of disease (if history):
OR Positive Rubella (German Measles) titer date and results:	**OR** Date of disease (if history):

D.	**VARICELLA** (Chicken Pox) **Complete ONE of the following.**		
History of disease	☐ Yes ☐ No		
OR Vaccination 1st Dose date:		Vaccination 2nd Dose date (minimum of four weeks after dose 1):	
OR Varicella Antibody	Date:	☐ Reactive ☐ Non-reactive (must receive 2 doses if not immune)	

E.	**HEPATITIS B** **Completion of at least two of three required for University compliance (three doses required to complete series)**		
Vaccination 1st Dose date:		Vaccination 2nd Dose date (minimum of four weeks after dose 1):	Vaccination 3rd Dose date (minimum of four-six months after dose 2):
OR Hep B Titer	Date:	☐ Immune ☐ Not Immune (If not immune, complete series above)	

F.	**MENINGOCOCCAL** **Required for all full-time undergraduate students under age 21**
Meningococcal Quadrivalent: • All incoming, full-time undergraduate students who are age 21 or younger must submit proof of one dose of meningococcal conjugate vaccine (MCV4, such as Menactra or Menveo) since age 16. • For any student who will be living in University housing, Pennsylvania Law requires one dose of meningococcal Quadrivalent given since the age of 16.	
Quadrivalent conjugate (check one): ☐ Menactra ☐ Menveo	Date given:

K.	**HEALTH CARE EXAMINER'S STATEMENT**
I have verified that I have completed this form for the named individual and that the above tests/vaccinations were performed in this office or that I have reviewed previous vaccine documentation.	
Examiner's Name (please print)	
License #:	**Phone:**
Signature of Health Care Examiner:	**Date:**

PART 3: TO BE SIGNED BY THE STUDENT

L.	**STUDENT STATEMENT**

All students: 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 send this form to the appropriate address listed below.

Student Signature: _____

Drexel Student ID #:

___ ___ ___ ___ ___ ___ ___ ___

RETURN ADDRESS:		
University City Main Campus (Includes UC, BUR, & SAC Colleges)	**School of Public Health, College of Medicine, Health Sciences, and Behavioral Health Counseling**	**Medical or Religious Exemptions:** If you require information about medical or religious exemptions from the University's immunization requirements, please contact the Immunization Office at healthimmu@drexel.edu
Please upload your completed forms via the Immunization Form Upload in your DrexelOne Portal. Upload instructions can be found at www.drexel.edu/ch. If you have any questions, email VaccinesMainCampus@drexel.edu.	Please upload your completed forms via the Immunization Form Upload in your DrexelOne Portal. Upload instructions can be found at www.drexel.edu/ch. If you have any questions, email VaccinesCNHP@drexel.edu	