

# IMMUNIZATION RECORD

Student ID 8 digits:  
Necessary for all students

## REQUIRED FOR ALL FULL-TIME STUDENTS

For more information on Drexel's Health Insurance and Immunizations requirements, visit [drexel.edu/hii](http://drexel.edu/hii).

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: ____ University Housing ____ Commuter		Please Check: ____ Undergraduate ____ Graduate		Please Check: ____ Domestic ____ International
PART 2: TO BE COMPLETED AND SIGNED BY YOUR HEALTH CARE PROVIDER.				
<b>A.</b>	TDAP - Required within last 10 years.			
All students must have proof of Tdap dated 2005 or later. Td booster is accepted if Tdap is older than 10 years.				TDAP:                      Td:
<b>B.</b>	MMR (Measles, Mumps, Rubella) - Two doses of vaccine OR blood test showing immunity COPY OF LAB REPORT REQUIRED.			
1 <sup>st</sup> dose date:		2 <sup>nd</sup> dose date (minimum of four weeks after dose 1):		
<b>C.</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.			
History of disease: <input type="checkbox"/> Yes OR <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>D.</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.			
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>E.</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, Menveo or Menquadfi) since age 16			
Quadrivalent conjugate (circle one): Menactra    Menveo    Menquadfi			Date given:	
<b>F.</b>	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.



# TUBERCULOSIS SCREENING QUESTIONNAIRE

Student ID 8 digits:  
Necessary for all students

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## 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

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### 1. 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\_\_\_\_

#### \*\*INTERPRETATION GUIDELINES

##### >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

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### 2. 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)

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### 3. 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

## 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.

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

