

Student Name _____

Student ID # _____

D.O.B. ____/____/____

Mandatory Pre-Matriculation Immunizations

Widener University's **Pre-Matriculation Immunization Policy** requires all incoming Freshmen, International, Transfer, and PsyD students to provide Student Health Services with the following health and immunization information. Failure to comply with this process will jeopardize a student's standing with the university.

IMMUNIZATION RECORDS MUST BE ATTACHED

1. Tetanus/Diphtheria/Pertussis (Tdap) Booster - Must be **within the past 10 years**

2. Measles, Mumps and Rubella Immunization (MMR) - Students must have received first dose on or after first birthday. Students born prior to January 1, 1957 are not required to prove immunity to Measles, Mumps or Rubella, unless enrolled in a health care profession program.

Two documentation options:

-Two dates of MMR vaccination

OR

-Laboratory evidence of immunity (**must submit titer result**)

3. Varicella (Chicken Pox) – Students must have received first dose on or after first birthday.

**** Please note: If you have had the Chicken pox disease, a Varicella titer is required to determine you have adequate immunity.**

Two documentation options:

-Two dates of Varicella vaccination

OR

-Laboratory evidence of immunity (**must submit titer result**)

4. Meningitis A,C,Y,W-135 (Menactra or Menveo) - Vaccine is required for students under the age of **23 years old**. Administration must be **within the past 5 years**. For adolescents who receive the first dose at age 13-15 years, a one-time booster dose should be administered, preferably at age 16-18 years, before the peak in increased risk (CDC-2013).

****Please note: The Meningitis B vaccine does not take place of Meningitis A,C,Y,W-135 vaccination.**

-Two dates of Meningitis vaccination

5. Hepatitis B

Two documentation options:

-Three dates of Hepatitis B vaccination

OR

-Laboratory evidence of immunity (**must submit titer result**)

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6. Tuberculosis Screening – Must be **within 1 year** of your arrival at Widener University, regardless of BCG Inoculation.

Three documentation OPTIONS:

1. PPD (Purified Protein Derivative) – PPD box below must be completed, including **two signatures by a healthcare provider, with credentials, dates, and result.**
2. Quantiferon TB Gold - **must submit titer result**
3. T-Spot - **must submit titer result**

****Please Note****

A **first time positive PPD** requires an IGRA lab draw (please submit titer result) and follow up as indicated.

A **history of latent or active Tuberculosis** requires a chest X-ray within the past year (must submit copy of the chest X-ray result) and documentation of treatment.

PPD – Tuberculosis Screening Test

Administration Date ____/____/____ Location L / R Forearm Lot # _____

Tester Signature _____ RN/LPN/CRNP/PA-C/MD/DO/MA

Date Read ____/____/____ Result: Negative (0-9mm) Positive (10mm or greater)

Reader Signature _____ RN/LPN/CRNP/PA-C/MD/DO/MA

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Highly Recommended Vaccinations

The following vaccinations are recommended by the American College Health Association, but **are not mandatory to attend** Widener University. Please provide documentation for any of these immunizations for our records.

Meningitis B

-Bexsero or Trumenba

Polio (IPV)

Hepatitis A

Gardasil 9

Completed forms must be returned to Student Health Services as soon as possible to avoid penalties. Please send completed paperwork to Student Health Services (4 options):

1. Mail to: Widener University, Attn: Student Health Services, One University Place, Chester, PA 19013-5792
2. Fax to: 610-499-1181
3. Email to: studenthealth@widener.edu (as a PDF file)
4. Drop off at Student Health Services (after hours mailbox located outside of our door)

For an exemption, please contact Student Health Services at 610-499-1183 to obtain further information.