

Student Name \_\_\_\_\_ Student ID # \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

## Pre-Matriculation Certificate of Immunizations

Widener University's **Pre-Matriculation Immunization Policy** requires all incoming Freshmen, International, Transfer and Graduate (PT, PSY.D, MSW, MSN) students to provide Student Health Services with the following health and immunization information. A health care provider's signature is required when filing for a medical exemption. Failure to comply with this process will jeopardize a student's standing with the university.

### Mandatory Immunizations:

- 1. Tuberculosis Test – (PPD) (within six months prior to arrival at school regardless of BCG inoculation)** **Record in Section 1**  
*Two signatures by a health care provider, date and result required.*  
*History of BCG vaccination should not preclude testing of a member of a high risk group.*  
*\*Positive PPD result or history requires a copy of a (within six months prior to arrival on campus) chest x-ray.*
  - 2. Tetanus/Diphtheria/Pertussis (Tdap) Booster** **Record in Section 2**
  - 3. Measles, Mumps and Rubella Immunization (MMR)** **Record in Section 3**  
*Students must have received two vaccinations against Measles, Mumps and Rubella **after the age of 15 months.***
- NOTE: There are two possible methods of documenting your Measles, Mumps and Rubella immunizations**
- \* If you received the **combination MMR Vaccine**
  - \*\* If you have **laboratory evidence of immunity**, please attach titer results to this form.
- 4. Varicella (Chicken Pox) – two documentation options: two dates of immunization or** **Record in Section 4**  
blood test (titer) result (copy of titer result required)
  - 5. Meningitis (MV) – undergraduate students under the age of 25 yrs** **Record in Section 5**

*All 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.*

#### **Section 1: PPD – Tuberculosis Screening Test**

**Administration Date** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Location** L / R Forearm **Lot #** \_\_\_\_\_  
**Tester** \_\_\_\_\_ RN/CRNP/PA/MD/DO  
**Date Read** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Result**  Negative (0-9mm)  Positive (10mm or greater)  
**Reader** \_\_\_\_\_ RN/CRNP/PA/MD/DO

**Positive PPD result/history requires copy of a recent (within six months prior to campus arrival) chest x-ray.**  
Copy of chest x-ray report must be attached to this form.

**Section 2: Tdap Booster** \_\_\_\_/\_\_\_\_/\_\_\_\_ **(must be within past 10 years)**

**Section 3:**

<b>Option A</b>	<b>MMR</b>	<b>Vaccination Date</b> Dose #1 ____/____/____	<b>Vaccination Date</b> Dose #2 ____/____/____	<b>OR Option B</b> <input type="checkbox"/>
				<b>Titer Results Attached</b>

**Section 4:**

<b>Option A</b>	<b>Varicella</b>	<b>Dose #1</b> ____/____/____	<b>Dose #2</b> ____/____/____	<b>OR Option B</b> <input type="checkbox"/>
				<b>Titer Results Attached</b>

**Section 5: Meningitis (Date of Vaccination)** \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Vaccine must be within past 5 years.** For adolescents who receive the first dose at age 13 through 15 years, a one-time booster dose should be administered, preferably at age 16 through 18 years, before the peak in increased risk (CDC – 2013).

(over)

Student Name \_\_\_\_\_

Student ID # \_\_\_\_\_

D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

**Highly Recommended Vaccinations**

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

Meningitis B (Dates of Vaccination) If using Bexsero Dose #1 \_\_\_\_/\_\_\_\_/\_\_\_\_ Dose # 2 \_\_\_\_/\_\_\_\_/\_\_\_\_  
OR  
If using Trumenba Dose #1 \_\_\_\_/\_\_\_\_/\_\_\_\_ Dose # 2 \_\_\_\_/\_\_\_\_/\_\_\_\_  
Dose #3 \_\_\_\_/\_\_\_\_/\_\_\_\_

Hepatitis B (Dates of Vaccination) Dose #1 \_\_\_\_/\_\_\_\_/\_\_\_\_ Dose #2 \_\_\_\_/\_\_\_\_/\_\_\_\_ Dose #3 \_\_\_\_/\_\_\_\_/\_\_\_\_

Hepatitis A (Dates of Vaccination) Dose #1 \_\_\_\_/\_\_\_\_/\_\_\_\_ Dose #2 \_\_\_\_/\_\_\_\_/\_\_\_\_

Combined (Hepatitis A and B Vaccine) Dose #1 \_\_\_\_/\_\_\_\_/\_\_\_\_ Dose #2 \_\_\_\_/\_\_\_\_/\_\_\_\_ Dose #3 \_\_\_\_/\_\_\_\_/\_\_\_\_

Gardasil (Dates of Vaccination) Dose #1 \_\_\_\_/\_\_\_\_/\_\_\_\_ Dose #2 \_\_\_\_/\_\_\_\_/\_\_\_\_ Dose #3 \_\_\_\_/\_\_\_\_/\_\_\_\_

**Medical Exemption**

*(Must be completed, signed and stamped for consideration.)*

1. \_\_\_\_ **PERMANENT** medical contraindication Explanation \_\_\_\_\_

2. \_\_\_\_ **TEMPORARY** medical contraindication

A. \_\_\_\_ Pregnancy - Expected Date of Confinement \_\_\_\_\_

B. \_\_\_\_ Other - Anticipated Date of End of Exclusion \_\_\_\_\_

\_\_\_\_\_  
Signature of MD,DO,CRNP,PA or Public Health Official

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

**Office Stamp Required Here**

\_\_\_\_\_  
Printed Name of Above Provider

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

**Religious Exemption**

If you are requesting an exemption from fulfilling the university required vaccines based upon religious reasons, you must provide a letter from your church, which states that it is the belief (or doctrine) of that church to recommend against medical vaccinations, and that you are an active member of the church in good standing. The designated religious leader of your church must write the letter on your place of worship's letterhead, which should include his/her address and telephone number.