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

3. Varicella (Chicken Pox) - **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
   - 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
   - Laboratory evidence of immunity *(must submit titer result)*
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.

<table>
<thead>
<tr>
<th>PPD – Tuberculosis Screening Test</th>
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<tbody>
<tr>
<td>Administration Date</td>
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<tr>
<td>Tester Signature</td>
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<tr>
<td>Date Read</td>
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<tr>
<td>Reader Signature</td>
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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: 2 doses
- Trumenba: 3 doses

**Polio (IPV):** 4 doses

**Hepatitis A:** 2 doses

**Gardasil:** 3 doses

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**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-C or Public Health Official  Date

Office Stamp Required Below

Printed Name of Above Provider

________________________
Street Address

________________________
City  State  Zip Code

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**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.

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)