Mandatory Pre-Matriculation Immunizations

Widener University’s Pre-Matriculation Immunization Policy requires all incoming International 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. 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

3. 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

<table>
<thead>
<tr>
<th>Administration Date</th>
<th>Location L / R Forearm</th>
<th>Lot #</th>
<th>Tester Signature</th>
<th>RN/LPN/CRNP/PA-C/MD/DO/MA</th>
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<tr>
<th>Date Read</th>
<th>Result: □ Negative (0-9mm) □ Positive (10mm or greater)</th>
<th>Reader Signature</th>
<th>RN/LPN/CRNP/PA-C/MD/DO/MA</th>
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Rev. 2/7/19
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

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)