

UNIVERSITY OF CALIFORNIA, SAN DIEGO

IMMUNIZATION ADMISSION REQUIREMENT

Dear Student,

The health of the individual can affect the health of the campus community. UCSD is committed to protecting the health and well-being of all our students. In order to protect the campus from communicable diseases, immunizations are part of the admission process for all new students prior to arrival to UCSD.

Please read and follow the instructions below:

1. **Read** this entire instruction page.
2. **Print** this assessment form and visit your health care provider to complete the form and perform all required vaccination(s)/testing. **ENSURE THE FORM IS SIGNED BY YOUR HEALTH CARE PROVIDER.**
3. **ENTER YOUR IMMUNIZATIONS INTO YOUR ELECTRONIC HEALTH RECORD, via Single Sign On (you need your Student PID & your UCSD email account)** Do this AFTER you have had the form filled out, you can partially save your record but you cannot go back and edit it once dates have been entered <https://shs.ucsd.edu>
4. Once you have entered your immunization history please **UPLOAD or FAX your signed form (details below)**. The preferred form is a PDF and as one document (if submitting multiple pages) but image files are okay also. As long as your form is signed by a health provider you do not need to submit individual proof of vaccines/immunity.
5. PLEASE select ONE method of submitting your form as multiple submissions may delay your clearance e.g. Upload OR Fax (not both!)
6. **PLEASE CLEARLY NAME YOUR DOCUMENT AS IMMUNIZATION REQUIREMENTS 2017**

Upload: Student Health Services **OR** **Fax:** 1-858-246-2414
Electronic Medical Record
Student portal
<https://shs.ucsd.edu>

Questions:

1. IF you have a **medical question** please ask it via your Electronic Medical Record "Ask a Nurse – Immunization Requirement" <https://shs.ucsd.edu>
Please note if your UCSD email is not established we will not be able to respond to your message.
2. If you are having **technical problems** uploading or faxing your form please email shsmr@ucsd.edu with your question and ensure you include your student ID number, **do not include any personal medical information** as this is not a secure method of communication.
3. Please refer to the Student Health website for additional information on the health requirements <https://wellness.ucsd.edu/studenthealth/health-requirements/Pages/default.aspx>

CONFIRMATION OF RECEIPT OF YOUR DOCUMENT(S) IS NOT POSSIBLE.

- Check the following UCSD web information to verify Immunization compliance status:
Undergraduates – check your Immunization status on MyApplication
Graduates – check your TB status on the Graduate Division website
<http://grad.ucsd.edu/admissions/admitted/index.html>
- If the status has not changed, please check your UCSD email for a secure message from Student Health as there may be a problem with your compliance or form.

DO NOT UPLOAD THIS INSTRUCTION PAGE INTO YOUR ELECTRONIC HEALTH RECORD

UNIVERSITY OF CALIFORNIA SAN DIEGO IMMUNIZATION REQUIREMENTS 2017-2018

Student ID:	Name: <div style="display: flex; justify-content: space-around; margin-top: 5px;"> LAST FIRST </div>
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REQUIRED IMMUNIZATIONS	*NOTE: To achieve compliance ensure ALL vaccines are completed.
Tdap Vaccine <ul style="list-style-type: none"> • Tetanus/Diphtheria WITH Pertussis (whooping cough) 	<p>ONE DOSE ON OR AFTER THE AGE OF 7YRS OR ONE DOSE IN THE LAST 10YRS.</p> <p>Dose Date: _____</p> <p>(Please note: The requirement is Tdap and not Td or Dtap)</p>
MMR Vaccine <ul style="list-style-type: none"> • Measles, Mumps & Rubella 	<p>YOU MUST HAVE 2 DOSES WITH THE FIRST DOSE BEING ON OR AFTER YOUR FIRST BIRTHDAY.</p> <p>Dose 1 Date: _____ (must be on or after your 1st birthday) (Dose 1 & 2 must be AT LEAST 28 days apart)</p> <p>Dose 2 Date: _____</p> <p>Dose 3 Date: _____ (booster dose if your 1st dose was before your 1st birthday)</p> <p>IF UNABLE TO OBTAIN PROOF OF VACCINATION YOU CAN OBTAIN A BLOOD TEST (TITER).</p> <p>POSITIVE Measles IgG Antibody Titer Titer Date: _____</p> <p>POSITIVE Mumps IgG Antibody Titer Titer Date: _____</p> <p>POSITIVE Rubella IgG Antibody Titer Titer Date: _____</p> <ul style="list-style-type: none"> • If you have a negative or indeterminate titer, obtain one dose of MMR and repeat titer 4-6 wks later. If titer is still negative, receive a 2nd dose of MMR and repeat titer 4-6 wks later. Vaccine must be at least 28 days apart.
Varicella (Chicken Pox) Vaccine	<p>YOU MUST HAVE 2 DOSES WITH THE FIRST DOSE BEING ON OR AFTER YOUR FIRST BIRTHDAY.</p> <p>Dose 1 Date: _____ (must be on or after your 1st birthday) (Dose 1 & 2 must be AT LEAST 28 days apart)</p> <p>Dose 2 Date: _____</p> <p>Dose 3 Date: _____ (booster dose if your 1st dose was before your 1st birthday)</p> <p>IF UNABLE TO OBTAIN PROOF OF VACCINATION OR IF YOU HAD THE DISEASE AS A CHILD, YOU CAN OBTAIN A BLOOD TEST (TITER)</p> <p>POSITIVE Varicella IgG Antibody Titer Titer Date: _____</p> <ul style="list-style-type: none"> • If you have a negative or indeterminate titer, obtain one dose of MMR and repeat titer 4-6 wks later. If titer is still negative, receive a 2nd dose of MMR and repeat titer 4-6 wks later. Vaccine must be at least 28 days apart.
Meningococcal Vaccine <ul style="list-style-type: none"> • MCV4/MPSV4 or equivalent for students 21 yrs or younger • Recommended for students up to the age of 23 	<p>THE MOST RECENT DOSE MUST BE ON OR AFTER THE 16TH BIRTHDAY.</p> <p>Dose 1 Date: _____</p> <p>Dose 2 Date: _____</p> <p>(Booster Dose if Dose 2 was PRIOR to the 16th birthday)</p> <p>Dose 3 Date: _____</p>

STRONGLY RECOMMENDED IMMUNIZATIONS	*NOTE: These vaccinations are recommended BUT NOT required to be compliant with enrollment
HPV Vaccine <ul style="list-style-type: none"> Human Papilloma Virus Vaccine 3 dose series 	RECOMMENDED FOR ALL STUDENTS (ALL GENDERS) UP TO THE AGE OF 26 Dose 1 Date: _____ Dose 2 Date: _____ Dose 3 Date: _____
Hepatitis B Vaccine <ul style="list-style-type: none"> 3 dose series 	Dose 1 Date: _____ Dose 2 Date: _____ Dose 3 Date: _____ POSITIVE Hepatitis B IgG Antibody Titer Titer Date: _____ <ul style="list-style-type: none"> If you have a negative or indeterminate titer, obtain one dose of MMR and repeat titer 4-6 wks later. If titer is still negative, receive a 2nd dose of MMR and repeat titer 4-6 wks later. Vaccine must be at least 28 days apart.
Meningococcal B Vaccine <ul style="list-style-type: none"> Trumemba or Bexero 	RECOMMENDED FOR AGES 16 – 23YRS AFTER DISCUSSION WITH A HEALTHCARE PROVIDER Dose 1 Date: _____ Dose 2 Date: _____ (Trumemba is either a 2 dose or 3 dose series. Bexero is a 2 dose series) Dose 3 Date: _____
Hepatitis A Vaccine <ul style="list-style-type: none"> 2 dose series 	Dose 1 Date: _____ (Dose 2 must be at LEAST 6 mths following first) Dose 2 Date: _____
Polio Vaccine <ul style="list-style-type: none"> 4 dose series 	Dose 1 Date: _____ Dose 2 Date: _____ Dose 3 Date: _____ Dose 4 Date: _____
Pneumococcal Vaccine <ul style="list-style-type: none"> PSV13 +/- PPSV23 based on health history 	Dose PSV13 Date: _____ Dose PPSV23 Date: _____ <ul style="list-style-type: none"> Only recommended for those with a history of asthma, diabetes, smokers and those with immunosuppression due to illness or medication after discussion with your healthcare provider

I ATTEST THAT ALL DATES AND IMMUNIZATIONS LISTED ON THIS FORM ARE CORRECT AND ACCURATE

Providers Signature: _____ Practice Stamp: _____

Provider's Name: _____ Date: _____
(Physician/PA/NP/RN)