Dear Incoming Student,

In order to protect our campus from communicable disease, all new and re-admitted graduate and undergraduate students are required to complete required immunizations before arriving at UC San Diego.

Please read and follow the instructions below:

1. **Print** the Immunization Requirements form.

2. **Visit** your health care provider.
   - Have your health care provider complete the form. **The form must be signed by your healthcare provider**, or you can submit an alternative immunization record.
   - Perform all required immunizations or testing.

3. **Submit** your immunization requirements form.
   - Go to your electronic health record: MyStudentChart.ucsd.edu/shs/
   - Use the completed Immunization Health Assessment form or alternative immunization record to type in your immunization history information.

   Note: **You must set up your AD Account before you can sign in to your MyStudentChart.** You will receive an email with all the necessary information to set up your AD Account and MyStudentChart prior to your program start date.

4. **Upload** your immunization health assessment or alternative immunization record.
   - Once you have typed in your immunization history, upload your signed form into MYSTUDENTCHART. (It is best to submit the form as a PDF file, but image files are also acceptable. If your form is signed by a health care provider, you do not need to submit individual proof of your immunizations.)

Questions:

1. If you have a **clinical question**, use the “ASK A NURSE” function in your electronic medical record: MyStudentChart.ucsd.edu.

2. If you are having **technical problems**, email shstb@health.ucsd.edu and include your student ID number. **Do not include any medical information** as this is not a secure method of communication.

3. Please refer to the Student Health Services website for additional information

You will **not** get a confirmation that your Immunization Requirements Form has been received.

Please check your UCSD email or MyStudentChart regularly for a secure message from Student Health, as there may be a problem with your compliance or form.
## IMMUNIZATION REQUIREMENTS FORM

**Student ID:**

<table>
<thead>
<tr>
<th>Name: LAST</th>
<th>FIRST</th>
<th>Date of Birth:</th>
</tr>
</thead>
</table>

### REQUIRED IMMUNIZATIONS

**Tdap Vaccine**
Tetanus/Diphtheria WITH Pertussis (whooping cough)

- **NOTE:** To achieve compliance ensure ALL vaccines are completed.

  **ONE DOSE ON OR AFTER THE AGE OF 7 YEARS, OR ONE DOSE IN THE LAST 10 YEARS.**

  Dose date (MOST recent date): ________________
  (Please note: The requirement is Tdap and not Td or Dtap)

**MMR Vaccine**
Measles, Mumps & Rubella

- **YOU MUST HAVE 2 DOSES WITH THE FIRST DOSE BEING ON OR AFTER YOUR FIRST BIRTHDAY.**

  Dose 1 date: ________________ (must be on or after your 1st birthday)
  (Doses 1 & 2 must be AT LEAST 28 days apart)

  Dose 2 date: ________________

  Dose 3 date: ________________ (booster dose if your 1st dose was before your 1st birthday)

  IF UNABLE TO OBTAIN PROOF OF VACCINATION YOU CAN OBTAIN A BLOOD TEST (TITER).

  **POSITIVE Measles IgG Titer**
  Titer date: ________________

  **POSITIVE Mumps IgG Titer**
  Titer date: ________________

  **POSITIVE Rubella IgG Titer**
  Titer date: ________________

**Varicella (Chicken Pox) Vaccine**

- **YOU MUST HAVE 2 DOSES WITH THE FIRST DOSE BEING ON OR AFTER YOUR FIRST BIRTHDAY.**

  Dose 1 date: ________________ (must be on or after your 1st birthday)
  (Doses 1 & 2 must be AT LEAST 28 days apart)

  Dose 2 date: ________________

  Dose 3 date: ________________ (booster dose if your 1st dose was before your 1st birthday)

  IF UNABLE TO OBTAIN PROOF OF VACCINATION OR IF YOU HAD THE DISEASE AS A CHILD, YOU CAN OBTAIN A BLOOD TEST (TITER)

  **POSITIVE Varicella IgG Titer**
  Titer date: ________________

**Meningococcal Vaccine**
MCV4/MPSV4 or equivalent for students 22 yrs. or younger.
Recommended for students up to the age of 23

- **THE MOST RECENT DOSE MUST BE ON OR AFTER YOUR 16th BIRTHDAY.**

  Dose 1 date: ________________

  Dose 2 date: ________________

  (Booster Dose if Dose 2 was PRIOR to the 16th birthday)

  Dose 3 date: ________________

**COVID-19 Vaccine**
(FDA or WHO-Approved)

- **Must upload proof of vaccine**

  **Pfizer or Moderna (2) dose vaccine**
  Dose 1 date: ________________
  Dose 2 date: ________________

  **Johnsen & Johnsen (1) dose vaccine**
  Dose 1 date: ________________

- **WHO Approved COVID-19 Vaccine**
  Dose 1 date: ________________
  Dose 2 date: ________________

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**Providers Signature: ___________________________**

**Practice Stamp:**

**Provider’s Name: ___________________________**

**Date: ________________**
<table>
<thead>
<tr>
<th>STRONGLY RECOMMENDED IMMUNIZATIONS</th>
<th>*NOTE: These vaccinations are recommended BUT NOT required to be compliant with enrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human Papilloma Virus Vaccine (HPV)</td>
<td>RECOMMENDED FOR ALL STUDENTS (ALL GENDERS) UP TO THE AGE OF 26</td>
</tr>
<tr>
<td>3 dose series</td>
<td>Dose 1 date: ________________</td>
</tr>
<tr>
<td></td>
<td>Dose 2 date: ________________</td>
</tr>
<tr>
<td></td>
<td>Dose 3 date: ________________</td>
</tr>
<tr>
<td>Hepatitis B Vaccine</td>
<td>Dose 1 date: ________________</td>
</tr>
<tr>
<td>3 dose series</td>
<td>Dose 2 date: ________________</td>
</tr>
<tr>
<td>OR</td>
<td>Dose 3 date: ________________</td>
</tr>
<tr>
<td>Heplisav-B</td>
<td>Positive Hepatitis B IgG antibody Titer date: ________________</td>
</tr>
<tr>
<td>2 dose series</td>
<td>(Heplisav-B is a 2 dose series)</td>
</tr>
<tr>
<td></td>
<td>If you have a negative or indeterminate titer, obtain one dose of Hep B and repeat titer 4-6 wks later. If titer is still negative, receive a 2nd dose of Hep B and repeat titer 4-6 wks later. Vaccines must be at least 28 days apart.</td>
</tr>
<tr>
<td>Meningococcal B Vaccine</td>
<td>RECOMMENDED FOR AGES 16 – 23 YEARS AFTER DISCUSSION WITH A HEALTHCARE PROVIDER</td>
</tr>
<tr>
<td>Trumemba or Bexero</td>
<td>Dose 1 date: ________________</td>
</tr>
<tr>
<td></td>
<td>Dose 2 date: ________________</td>
</tr>
<tr>
<td>(Trumemba is either a 2 dose or 3 dose series. Bexero is a 2 dose series)</td>
<td>Dose 3 date: ________________</td>
</tr>
<tr>
<td></td>
<td>Dose 4 date: ________________</td>
</tr>
<tr>
<td>Hepatitis A Vaccine</td>
<td>Dose 1 date: ________________</td>
</tr>
<tr>
<td>2 dose series</td>
<td>Positive Hepatitis A IgG Antibody Titer date: ________________</td>
</tr>
<tr>
<td></td>
<td>(Dose 2 must be at LEAST 6 months after the first dose)</td>
</tr>
<tr>
<td></td>
<td>Dose 2 date: ________________</td>
</tr>
<tr>
<td></td>
<td>If you have a negative or indeterminate titer, obtain one dose of Hep A and repeat titer 4-6 wks later. If titer is still negative, receive a second dose of Hep A and repeat titer 4-6 wks later. Vaccines must be at least 28 days apart.</td>
</tr>
<tr>
<td>Polio Vaccine</td>
<td>Dose 1 date: ________________</td>
</tr>
<tr>
<td>4 dose series</td>
<td>Dose 2 date: ________________</td>
</tr>
<tr>
<td></td>
<td>Dose 3 date: ________________</td>
</tr>
<tr>
<td></td>
<td>Dose 4 date: ________________</td>
</tr>
<tr>
<td>Pneumococcal Vaccine</td>
<td>Dose PSV13 date: ________________</td>
</tr>
<tr>
<td>PSV13 +/- or PPSV23 based on health history</td>
<td>Dose PPSV23 date: ________________</td>
</tr>
<tr>
<td></td>
<td>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</td>
</tr>
</tbody>
</table>

Immun Reqs form 04.30.2021