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/](http://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](http://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](http://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

### REQUIRED IMMUNIZATIONS

**Tdap Vaccine**
Tetanus/Diphtheria WITH Pertussis (whooping cough)
- 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**
International vaccines must be WHO-Approved
- Pfizer or Moderna (2) dose vaccine
  - Dose 1 date: _______________
  - Dose 2 date: _______________
- Johnsen & Johnsen (1) dose vaccine
  - Dose 1 date: _______________
- International WHO Approved COVID-19 Vaccine
  - Dose 1 date: _______________
  - Dose 2 date: _______________

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Providers Signature: ____________________________  Practice Stamp: ____________________________
Provider’s Name: ____________________________  Date: ____________
## STRONGLY RECOMMENDED IMMUNIZATIONS

*NOTE: These vaccinations are recommended BUT NOT required to be compliant with enrollment

### Human Papilloma Virus Vaccine (HPV)
3 dose series

RECOMMENDED FOR ALL STUDENTS (ALL GENDERS) UP TO THE AGE OF 26

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### Hepatitis B Vaccine
3 dose series

OR

Heplisav-B
2 dose series

Dose 1 date: _______________  Positive Hepatitis B IgG antibody Titer date: ______________

Dose 2 date: _______________

Dose 3 date: _______________  *(Heplisav-B is a 2 dose series)*

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.

### Meningococcal B Vaccine
Trumemba or Bexero

RECOMMENDED FOR AGES 16 – 23 YEARS AFTER DISCUSSION WITH A HEALTHCARE PROVIDER

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*(Trumemba is either a 2 dose or 3 dose series. Bexero is a 2 dose series)*

### Hepatitis A Vaccine
2 dose series

Dose 1 date: _______________  Positive Hepatitis A IgG Antibody Titer date: ______________

*(Dose 2 must be at LEAST 6 months after the first dose)*

Dose 2 date: _______________

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.

### Polio Vaccine
4 dose series

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### Pneumococcal Vaccine
PSV13 +/or PPSV23 based on health history

Dose PSV13 date: _______________

Dose PPSV23 date: _______________

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.

Immun Reqs form 04.26.2021