

INCOMING IMMUNIZATION REQUIREMENTS FORM

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.** This includes undergraduate students transitioning to graduate studies and transfer students.

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. Following the form for directions.



3. **Submit** your immunization requirements form.
 - Go to your electronic health record: MyStudentChart.ucsd.edu. In order to log in to MyStudentChart, you will need your AD username and password.
 - Then go to **Menu > Immunization & Screening > Immunization**
 - Use the completed Immunization form or alternative immunization record to self-enter your immunization dates in the online form. Submit **ALL** vaccine dates.



4. **Upload** your this form or alternative immunization record as proof of vaccination.
 - Once you have self-entered your immunization dates, upload your signed form or alternative vaccine records into MyStudentChart. ((If your form is signed by a health care provider, you do not need to submit additional proof of your immunizations).

Questions:

1. If you have a **vaccine related question (including more information on the medical exemption process)**, 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** receive 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. This is how requests for additional information, updates and reminders are provided by the Nursing team.

INCOMING IMMUNIZATION REQUIREMENTS FORM

Student ID:	Name: LAST FIRST	Date of Birth:
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REQUIRED IMMUNIZATIONS	NOTE: To achieve full compliance please ensure ALL vaccines are completed.
Tdap Vaccine Tetanus/Diphtheria WITH Pertussis (whooping cough)	ONE DOSE ON OR AFTER THE 11th BIRTHDAY, THEN ONE DOSE OF TDAP OR Td IN THE LAST 10 YEARS. Dose date (MOST recent date): _____ (Please note: The requirement is the adult Tdap vaccine)
MMR Vaccine Measles, Mumps & Rubella If you have a negative or indeterminate blood 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 doses must be at least 28 days apart.	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 POSTIVE Mumps IgG Titer POSITIVE Rubella IgG Titer Titer date: _____ Titer date: _____ Titer date: _____
Varicella (Chicken Pox) Vaccine If you have a negative or indeterminate titer, obtain one dose of varicella and repeat titer 4-6 wks later. If titer is still negative, receive a 2nd dose of varicella and repeat titer 4-6 wks later. Vaccine must be at least 28 days apart.	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 A, C, W, Y & W-135 or equivalent for students 22 years or younger. <i>Recommended for students up to the age of 23</i>	THE MOST RECENT DOSE MUST BE ON OR AFTER YOUR 16th BIRTHDAY. <i>Note: Men B (Bexero or Trumenba does not meet this requirement)</i> Dose 1 date: _____ Dose 2 date: _____ (Booster Dose if Dose 2 was PRIOR to the 16th birthday) Dose 3 date: _____
COVID-19 Vaccine NEW COVID-19 Requirement OR <input type="checkbox"/> I affirmatively decline the COVID vaccine at thi time Initials: _____ Date: _____	Please circle: Updated Dose Date: Initial or booster doses: Pfizer, Moderna, Novavax. _____ Dose 1 date: _____ Dose 2 date: _____ ONE DOSE must be from Please upload proof of vaccination. Dose 3 date: _____ Fall 2024 Dose 4 date: _____ Please go to Menu > COVID-19 to self-enter dates and upload proof of COVID vaccines only

Providers Signature: _____	Practice Stamp:
Provider's Name: _____	Date: _____