

## INCOMING IMMUNIZATION REQUIREMENTS FORM

Dear Incoming Student,

In order to protect our campus from vaccine-preventable illnesses, **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. **This form should 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 dates and this requirements form.
  - Go to your electronic health record: [MyStudentChart.ucsd.edu](https://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 vaccine record to self-enter your immunization dates into the online form. Enter all those that you have, even if it is incomplete. You will have time to obtain missing vaccines during the first part of your admitting Quarter.



4. **Upload** your form or alternative record as proof of vaccination (label your forms correctly)
  - 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](https://MyStudentChart.ucsd.edu).
2. If you are having **technical issues**, email [shstb@health.ucsd.edu](mailto: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 secure messages 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.
<p><b>Tdap Vaccine</b> Tetanus/Diphtheria WITH Pertussis (whooping cough)</p>	<p><b>ONE DOSE ON OR AFTER THE 11th BIRTHDAY, THEN ONE DOSE OF TDAP OR Td IN THE LAST 10 YEARS.</b></p> <p>Dose date (MOST recent date): _____</p> <p><b>(Please note: The requirement is the adult Tdap vaccine)</b></p>
<p><b>MMR Vaccine</b> Measles, Mumps &amp; Rubella</p> <p>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.</p>	<p><b>YOU MUST HAVE 2 DOSES WITH THE FIRST DOSE BEING ON OR AFTER YOUR FIRST BIRTHDAY.</b></p> <p>Dose 1 date: _____ (must be on or after your 1st birthday) <b>(Doses 1 &amp; 2 must be AT LEAST 28 days apart)</b></p> <p>Dose 2 date: _____</p> <p>Dose 3 date: _____ (booster dose if your 1st dose was before your 1st birthday)</p> <p><b>BLOOD TITER (If vaccine history is not available or unknown)</b></p> <p><b>POSITIVE Measles IgG Titer      POSITIVE Mumps IgG Titer      POSITIVE Rubella IgG Titer</b></p> <p>Titer date: _____      Titer date: _____      Titer date: _____</p>
<p><b>Varicella (Chicken Pox) Vaccine</b></p> <p>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.</p>	<p><b>YOU MUST HAVE 2 DOSES WITH THE FIRST DOSE BEING ON OR AFTER YOUR FIRST BIRTHDAY.</b></p> <p>Dose 1 date: _____ (must be on or after your 1st birthday) <b>(Doses 1 &amp; 2 must be AT LEAST 28 days apart)</b></p> <p>Dose 2 date: _____</p> <p>Dose 3 date: _____ (booster dose if your 1st dose was before your 1st birthday)</p> <p><b>BLOOD TITER (If vaccine history is not available or unknown)</b></p> <p><b>POSITIVE Varicella IgG Titer      Titer date: _____</b></p>
<p><b>Meningococcal Vaccine A, C, W, Y &amp; W-135</b> or equivalent for students 22 years or younger. <i>Recommended for students up to the age of 23</i></p>	<p><b>THE MOST RECENT DOSE MUST BE ON OR AFTER YOUR 16th BIRTHDAY.</b> <i>Note: Men B (Bexero or Trumenba does not meet this requirement)</i></p> <p>Dose 1 date: _____</p> <p>Dose 2 date: _____ <b>(Booster Dose if Dose 2 was PRIOR to the 16<sup>th</sup> birthday)</b></p> <p>Dose 3 date: _____</p>

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

HIGHLY RECOMMENDED IMMUNIZATIONS	*NOTE: These vaccinations are recommended BUT NOT required
<p><b>Influenza &amp; COVID-19 Vaccines</b> Updated annual vaccines are highly recommended each Fall/Winter to offer protection from these respiratory illness</p>	<p><b>PLEASE ENTER YOUR MOST RECENT DOSE OF EACH</b></p> <p>Date of last <b>COVID-19</b> vaccine: _____ Name of vaccine: _____</p> <p>Date of last <b>Influenza</b> vaccine: _____</p> <p>(Please upload proof of vaccines)</p>
<p><b>Human Papilloma Virus Vaccine (HPV)</b> 2 dose series if started before the age of 15. 3 dose series if started after the age of 15.</p>	<p><b>RECOMMENDED FOR ALL STUDENTS (ALL GENDERS) UP TO THE AGE OF 26</b></p> <p>Dose 1 date: _____</p> <p>Dose 2 date: _____</p> <p>Dose 3 date: _____</p>
<p><b>Hepatitis B Vaccine</b> 3 dose series</p> <p>OR</p> <p><b>Heplisav-B</b> 2 dose series</p>	<p>Dose 1 date: _____ Positive Hepatitis B IgG antibody Titer date: _____</p> <p>Dose 2 date: _____</p> <p>Dose 3 date: _____ (Heplisav-B is a 2-dose series)</p> <p>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.</p>
<p><b>Meningococcal B Vaccine</b> Trumemba or Bexero</p>	<p><b>RECOMMENDED FOR AGES 16 – 23 YEARS AFTER DISCUSSION WITH A HEALTHCARE PROVIDER</b></p> <p>Dose 1 date: _____</p> <p>Dose 2 date: _____</p> <p><b>(Trumemba is either a 2 dose or 3 dose series. Bexero is a 2 dose series)</b></p> <p>Dose 3 date: _____</p>
<p><b>Hepatitis A Vaccine</b> 2 dose series</p>	<p>Dose 1 date: _____ Positive Hepatitis A IgG Antibody Titer date: _____</p> <p><b>(Dose 2 must be at LEAST 6 months after the first dose)</b></p> <p>Dose 2 date: _____</p> <p>If you have a negative or indeterminate titer, obtain one additional 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.</p>
<p><b>Polio Vaccine</b> 4 dose series</p>	<p>Dose 1 date: _____</p> <p>Dose 2 date: _____</p> <p>Dose 3 date: _____</p> <p>Dose 4 date: _____</p>
<p><b>Pneumococcal Vaccine(s)</b> PCV15, PCV20, PCV21 +/- PCV23 based on health history</p>	<p>Dose PCV15 date: _____ Dose PCV20 date: _____</p> <p>Dose PPSV21 date: _____ Dose PPSV23 date: _____</p> <p>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</p>