

**DO NOT UPLOAD THIS INSTRUCTION PAGE INTO YOUR ELECTRONIC HEALTH RECORD  
REMEMBER TO BOTH UPLOAD THIS FORM AND SELF-ENTER YOUR DATES ONLINE**

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 AND RE-ADMITTED STUDENTS** prior to arrival to UCSD.

**Read and follow the instructions below:**

1. **Print** the Immunization Health 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 or upload an alternative vaccine record.**
2. **ENTER YOUR IMMUNIZATIONS** into your electronic health record: [MyStudentChart.ucsd.edu/shs/](https://MyStudentChart.ucsd.edu/shs/). Do this **AFTER** you have had the form filled out, or have your immunization record in front of you.

ACCEPTANCE DATE RANGE	MY STUDENT CHART AVAILABLE FOR ACTIVATION
Early 2020 – May 1, 2020	May 15, 2020
May 2, 2020 – June 1, 2020	June 15, 2020
June 2, 2020 – June 29, 2020	July 15, 2020
June 30, 2020 – July 31, 2020	August 15, 2020
August 1, 2020 – August 31, 2020	September 15, 2020
September 1, 2020 – September 14, 2020	September 30, 2020

3. Once you have entered your immunization history, **UPLOAD your signed form/titer results** (details below). The preferred form is a single PDF document (if submitting multiple pages) but image files are also acceptable. If your form is signed by a health provider you do not need to submit individual proof of vaccines.
4. Upload to: [MyStudentChart.ucsd.edu/shs/](https://MyStudentChart.ucsd.edu/shs/) once your Student Chart portal is available to you.

**Questions:**

1. If you have a **clinical question**, message “Ask a Nurse” in your electronic medical record : [MyStudentChart.ucsd.edu/shs/](https://MyStudentChart.ucsd.edu/shs/)
2. If you are having **technical problems**, email [shstb@ucsd.edu](mailto:shstb@ucsd.edu) and include your student ID number. **Do not include any personal medical information** as this is not a secure method of communication.
3. 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. DO NOT SEND MESSAGES ASKING ABOUT YOUR STATUS.**

Please check your UCSD email regularly for notification of a secure message from Student Health, as there may be a problem with your compliance or form.

# IMMUNIZATION REQUIREMENTS

UC SAN DIEGO

Student ID:	Name: LAST FIRST	Date of Birth:
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REQUIRED IMMUNIZATIONS	NOTE: To achieve compliance ensure ALL vaccines are completed.
<b>Tdap Vaccine</b> Tetanus/Diphtheria WITH Pertussis (whooping cough)	<b>ONE DOSE ON OR AFTER THE AGE OF 7 YEARS, OR ONE DOSE IN THE LAST 10 YEARS.</b>  Dose date (MOST recent date): _____ <b>(Please note: The requirement is Tdap and not Td or Dtap)</b>
<b>MMR Vaccine</b> Measles, Mumps & Rubella	<b>YOU MUST HAVE 2 DOSES WITH THE FIRST DOSE BEING ON OR AFTER YOUR FIRST BIRTHDAY.</b>  Dose 1 date: _____ (must be on or after your 1st birthday) <b>(Doses 1 &amp; 2 must be AT LEAST 28 days apart)</b> Dose 2 date: _____ Dose 3 date: _____ (booster dose if your 1st dose was before your 1st birthday)  <b>IF UNABLE TO OBTAIN PROOF OF VACCINATION YOU CAN OBTAIN A BLOOD TEST (TITER).</b>  <b>POSITIVE Measles IgG Antibody Titer</b> Titer date: _____ <b>POSITIVE Mumps IgG Antibody Titer</b> Titer date: _____ <b>POSITIVE Rubella IgG Antibody Titer</b> Titer date: _____  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 doses must be at least 28 days apart.
<b>Varicella (Chicken Pox) Vaccine</b>	<b>YOU MUST HAVE 2 DOSES WITH THE FIRST DOSE BEING ON OR AFTER YOUR FIRST BIRTHDAY.</b>  Dose 1 date: _____ (must be on or after your 1st birthday) <b>(Doses 1 &amp; 2 must be AT LEAST 28 days apart)</b> Dose 2 date: _____ Dose 3 date: _____ (booster dose if your 1st dose was before your 1st birthday)  <b>IF UNABLE TO OBTAIN PROOF OF VACCINATION OR IF YOU HAD THE DISEASE AS A CHILD, YOU CAN OBTAIN A BLOOD TEST (TITER)</b>  <b>POSITIVE Varicella IgG Antibody Titer</b> Titer date: _____  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.
<b>Meningococcal Vaccine</b> MCV4/MPSV4 or equivalent for students 22 yrs or younger Recommended for students up to the age of 23	<b>THE MOST RECENT DOSE MUST BE ON OR AFTER YOUR 16th BIRTHDAY.</b>  Dose 1 date: _____ Dose 2 date: _____ <b>(Booster Dose if Dose 2 was PRIOR to the 16<sup>th</sup> birthday)</b> Dose 3 date: _____

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

Providers Signature: \_\_\_\_\_

Practice Stamp:

Provider's Name: \_\_\_\_\_  
(Physician/PA/NP/RN)

Date: \_\_\_\_\_

<b>STRONGLY RECOMMENDED IMMUNIZATIONS</b>	<b>*NOTE: These vaccinations are recommended BUT NOT required to be compliant with enrollment</b>
<b>Human Papilloma Virus Vaccine (HPV)</b> 3 dose series	<b>RECOMMENDED FOR ALL STUDENTS (ALL GENDERS) UP TO THE AGE OF 26</b>  Dose 1 date: _____ Dose 2 date: _____ Dose 3 date: _____
<b>Hepatitis B Vaccine</b> 3 dose series  OR <b>Heplisav-B</b> 2 dose series	Dose 1 date: _____ Positive Hepatitis B IgG antibody Titer date: _____ Dose 2 date: _____ <b>(Heplisav-B is a 2 dose series)</b> Dose 3 date: _____ 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.
<b>Meningococcal B Vaccine</b> Trumemba or Bexero	<b>RECOMMENDED FOR AGES 16 – 23 YEARS AFTER DISCUSSION WITH A HEALTHCARE PROVIDER</b>  Dose 1 date: _____ Dose 2 date: _____ <b>(Trumemba is either a 2 dose or 3 dose series. Bexero is a 2 dose series)</b> Dose 3 date: _____
<b>Hepatitis A Vaccine</b> 2 dose series	Dose 1 date: _____ Positive Hepatitis A IgG Antibody Titer date: _____ <b>(Dose 2 must be at LEAST 6 months after the first dose)</b> 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.
<b>Polio Vaccine</b> 4 dose series	Dose 1 date: _____ Dose 2 date: _____ Dose 3 date: _____ Dose 4 date: _____
<b>Pneumococcal Vaccine</b> PSV13 +/- 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

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

Providers Signature: \_\_\_\_\_

Practice Stamp:

Provider's Name: \_\_\_\_\_  
(Physician/PA/NP/RN)

Date: \_\_\_\_\_