



## Immunization Step 2: Enter Required Immunization Records

Please see **Frequently Ask Questions about Your Entrance Immunization Requirements**

(<http://studenthealth.sa.ucsb.edu/services/medical-services/immunization-information/university-immunization-requirements>) for more information.

Please enter your immunization history in this form to the best of your knowledge. You may need to refer to your childhood immunization records for accurate dates. **Please upload your scanned immunization records after you have entered all of your immunization history. We accept the following file types: PDF, PNG, JPG, JPEG, and GIF. Each file must be smaller than 4MB to be accepted**

Personal exemptions are not permitted. If you feel you need a medical exemption, please download the form located on the student health website (<http://studenthealth.sa.ucsb.edu/medical-services/immunization-information/university-immunization-requirements/exemption-requests-for-required-immunizations>) and follow the instructions provided.

Vaccine	Proof of Immunization Required
Measles, Mumps and Rubella (MMR)	2 doses; first dose on or after age one - OR - Titer (blood tests) for each Measles, Mumps and Rubella showing immunity.
Varicella (chickenpox)	2 doses; first dose on or after age one - OR - Titer (blood test) showing immunity.
Tetanus, Diphtheria and Pertussis (Tdap)	1 dose on or after age 7
Meningococcal conjugate-- (Serogroups A, C, Y, & W-135)	1 dose on or after age 16 for all students that are under 22 years of age (students 22 or older may leave blank)

### 1: MMR meets requirements for MEASLES, MUMPS, RUBELLA [Required] (Option 1) -or- (Option 2 - items 2, 3 and 4 below)

*Two doses are required.*

Date for Dose 1:	<input type="text" value="M/D/YYYY"/>
Date for Dose 2:	<input type="text" value="M/D/YYYY"/>

### 2: Measles Immunity (Option 2) [Satisfies Immunization Requirement for Measles]

*Please specify the date and result of any blood test for Measles immunity*

Test Date:	<input type="text" value="M/D/YYYY"/>
Result:	<input type="radio"/> Positive <input type="radio"/> Negative

### 3: Mumps Immunity (Option 2) [Satisfies Immunization Requirement for Mumps]

*Please specify the date and result of any blood test for Mumps immunity.*

Test Date:	<input type="text" value="M/D/YYYY"/>
Result:	<input type="radio"/> Positive <input type="radio"/> Negative



**4: Rubella Immunity (Option 2) [Satisfies Immunization Requirement for Rubella]**

Please specify the date and result of any blood test for Rubella immunity

	Test Date	<input type="text" value="M/D/YYYY"/>
Result:	<input type="radio"/>	Positive <input type="radio"/>
		Negative

**5: Varicella (Chicken Pox) Immunization [Required] (Option 1) -or- (Option 2 below)**

*You must provide dates of immunizations.*

*If you received individual immunizations for Varicella, please indicate the date that each dose was given. Two doses required. You must provide dates of immunizations.*

Date for Dose 1:	<input type="text" value="M/D/YYYY"/>
Date for Dose 2:	<input type="text" value="M/D/YYYY"/>

**6: Varicella (Chicken Pox) Immunity (Option 2)**

*If you had chickenpox disease you must provide proof of immunity.*

*If you had a blood test for Varicella, please provide the date and result (a positive test result means you have immunity to the disease).*

	Test Date:	<input type="text" value="M/D/YYYY"/>
Result:	<input type="radio"/>	Positive <input type="radio"/>
		Negative

**7: Tetanus, Diphtheria, and Pertussis (Tdap) Immunizations [Required]**

If you have not had a Tdap immunization (Boostrix or Adacel) within the last 10 years, you should do so now and then complete this form with your updated immunization information.

Date for Dose 1:	<input type="text" value="M/D/YYYY"/>
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**8: Meningococcal (Menactra, Menveo or Menomune) [Required]**

*1 dose received on or after your 16th birthday is needed to meet the current vaccination recommendation. May leave blank if you are age 22 or older.*

Date for Dose 1:	<input type="text" value="M/D/YYYY"/>
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**9: Tuberculosis screening skin test (Option 1)**

**[Required only if answered yes to any questions in TB screening questionnaire]**

*A TB skin test with a negative result is acceptable. If your tuberculosis screening test is positive, you will need to submit results of a recent chest x-ray.*

*If you have had a TB skin test for Tuberculosis, please record the result here.*

	Date of Administration: <input type="text" value="M/D/YYYY"/>
	Date Read: <input type="text" value="M/D/YYYY"/>
Result:	<input type="radio"/> Positive <input type="radio"/> Negative
	<input type="text"/> mm Induration

**10: Tuberculosis screening blood test (Option 2) [Not required if you had a negative TB screening skin test]**

*A Quantiferon test with a negative result is acceptable. If your tuberculosis screening test is positive, you will need to submit results of a recent chest x-ray.*

*If you have had a Quantiferon test for Tuberculosis (instead of a TB skin test), please record the result here.*

	Test Date: <input type="text" value="M/D/YYYY"/>
Result:	<input type="radio"/> Positive <input type="radio"/> Negative

**11: Tuberculosis screening Chest X-ray (Option 3) [Not required if you had a negative TB screening skin or blood test]**

*If you have had a chest x-ray performed as a follow-up to a positive PPD or Quantiferon result, please record the result here.*

	Date of Administration: <input type="text" value="M/D/YYYY"/>
Result:	<input type="radio"/> Positive <input checked="" type="radio"/> Negative

**12: Meningococcal B - Bexsero [Strongly Recommended] (Option 1) -or- (Option 2 below)**

*Recommended for students ages 16-23 who elect vaccination after discussion with their healthcare provider OR those with persistent complement component deficiencies; persons with anatomic or functional asplenia; microbiologists routinely exposed to isolates of Neisseria meningitidis; and persons identified to be at increased risk because of a serogroup B meningococcal disease outbreak.*

Date for Dose 1:	<input type="text" value="M/D/YYYY"/>
Date for Dose 2:	<input type="text" value="M/D/YYYY"/>

**13: Meningococcal B - Trumenba (Option 2)**

*Recommended for students ages 16-23 who elect vaccination after discussion with their healthcare provider OR those with persistent complement component deficiencies; persons with anatomic or functional asplenia; microbiologists routinely exposed to isolates of Neisseria meningitides; and persons identified to be at increased risk because of a serogroup B meningococcal disease outbreak.*

Date for Dose 1:	<input type="text" value="M/D/YYYY"/>
Date for Dose 2:	<input type="text" value="M/D/YYYY"/>
Date for Dose 3:	<input type="text" value="M/D/YYYY"/>

**14: HPV Vaccine [Recommended]**

*Recommended for students ages 9-26 years of age for both males and females.*

Date for Dose 1:	<input type="text" value="M/D/YYYY"/>
Date for Dose 2:	<input type="text" value="M/D/YYYY"/>
Date for Dose 3:	<input type="text" value="M/D/YYYY"/>

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**Add immunization Record...**