

# UCSB Student Health

This is the information you will be asked to enter into the online forms to satisfy your UCSB Entrance Immunizations and TB Screening Requirements.

## 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.

Personal exemptions are not permitted. If you feel you need a medical exemption, please download the form located [on the student health web site](http://studenthealth.sa.ucsb.edu/medical-services/immunization-information/university-immunization-requirements/exemption-requests-for-required-immunizations) (<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="1/1/1990"/>
Date for Dose 2:	<input type="text" value="1/16/1990"/>

### 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: 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"/>
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Date for Dose 2: <input type="text" value="M/D/YYYY"/>
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**10: 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 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="1/13/1990"/>
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Date for Dose 2: <input type="text" value="1/16/1990"/>
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Date for Dose 3: <input type="text" value="1/24/1990"/>
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**11: 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="1/17/1990"/>
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Date for Dose 2: <input type="text" value="1/17/1990"/>
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Date for Dose 3: <input type="text" value="1/28/1990"/>
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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, GIF. Each file must be smaller than 4MB to be accepted.

Add immunization record...



(/Student/Upload/Record/406477?type=immun&sequence=1&ext=.png)

<input type="button" value="Submit Final"/>	<b>Click here to submit the final content of the form</b> (You cannot change items after the form has been submitted.)
<input type="button" value="Save Partial"/>	<b>Click here to save the intermediate content of the form</b> (Currently entered values will be recorded and you will be able to resume completing the form at a later time.)
<input type="button" value="Cancel"/>	<b>Click here to cancel entering the form</b> (Currently entered changes will not be saved.)

Please refer to the following webpage: <http://tinyurl.com/UCSBimmunizations>

Questions? Please Email: [SHSEntranceImmunizations@sa.ucsb.edu](mailto:SHSEntranceImmunizations@sa.ucsb.edu) or Call: (805) 893-2592.