Complete Required Immunization Records

Please see Frequently Ask Questions About Your Entrance Immunization Requirements for more information.

All incoming UC students are REQUIRED to obtain these vaccines and undergo Tuberculosis screening. Have your immunization dates ready before you begin, as once you submit dates, you will not be able to return to this page to make edits.

1: MMR meets requirements for MEASLES, MUMPS, RUBELLA [Required]

Date for Dose 1:  
Date for Dose 2:  

2: Varicella (Chicken Pox) [Required]

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.

Date for Dose 1:  
Date for Dose 2:  

3: Tetanus, Dephtheria, and Pertusis (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.

Only use this section if you have received the new tetanus vaccine containing pertussis. Please indicate the date of the vaccine.

Date for Dose 1:  

4: Meningococcal (Menactra, Menveo or Menomune) [Required]

One dose on or after age 16 for all undergraduates (and for graduate students new to residence hall settings)

Date for Dose 1:  

5: Screening for Tuberculosis [Required]

A PPD or 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 PPD OR Quantiferon test for Tuberculosis, please record the result here.

Date of Administration:  
Date Read:  
Result:  

6: Chest X-ray (for Tuberculosis screening)

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:  
Result:  

7: **Meningococcal B - Trumenba** [Strongly Recommended]

Recomended 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: 
Date for Dose 2: 
Date for Dose 3: 

8: **Meningococcal B - Bexsero** [Strongly Recommended]

Recomended 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: 
Date for Dose 2: 

Please upload your scanned immunization records. We accept the following file types: PNG, JPG, JPEG, GIF.

[Add immunization record...]

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**Click Proceed to submit your completed form.**

If you are not ready to complete these items, please click Cancel. You will be able to return to this page later.

If you have any questions about the items on this page, or need to make changes after it has been submitted, please contact us at SHSEntrancelImmunizations@sa.ucsb.edu or email only.

**Remember: You cannot change an item after it has been submitted.**

If you want a copy of this page please print it from your browser before pressing the Proceed Button.