



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.**

Exemption for personal reasons are not accepted. If you need a medical exemption request form click here: [Medical Exemption Form](#)

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

Two doses are required.

Date for Dose 1:

Date for Dose 2:

2: Varicella (Chicken Pox) Immunization (Option 1) [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: Varicella (Chicken Pox) Disease (Option 2) [Required]

Enter approximate date of disease.

Date of Infection:

4: Tetanus, Diphtheria, 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.

Date for Dose 1:

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

One dose on or after age 16 for all undergraduates born after 09/01/1995 (and for graduate students new to residence hall settings)

Date for Dose 1:

6: 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:

Date Read:

Result: Positive Negative

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7: 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:

Result: Positive Negative

8: 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:

Result: Positive Negative

9: Meningococcal B - Bexsero (OPTION 1) [Strongly Recommended]

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:

Date for Dose 2:

10: Meningococcal B - Trumenba (OPTION 2) [Strongly Recommended]

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:

Date for Dose 2:

Date for Dose 3:

11: HPV Vaccine [Recommended]

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

Date for Dose 1:

Date for Dose 2:

Date for Dose 3:

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

Add immunization record...

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 SHSEntranceImmunizations@sa.ucsb.edu or email only.**

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

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