



Complete this form and submit it online at studenthealth.sa.ucsb.edu by logging in to your Gateway portal and beginning step one of the entrance immunization process. Please attach a copy of your original Immunization Records if you **do not** have a signature by a Physician, Nurse Practioner, Physician Assistant, and/or a School Official on this form.

University of California Santa Barbara Entrance Immunization Requirements

Vaccination Requirements 必需的疫苗接种和筛查 Requisitos de vacunación	Dates Given Month/Day/Year 给定的日期/Fechas			Titers 滴度/ Título Titers must be positive; if not two vaccinations must be administered to meet compliance
Measles- Mumps- Rubella (MMR) 麻疹、腮腺炎和风疹 <i>Sarampión, paperas y rubéola</i> Two (2) doses with the first dose administered on or after 1 st birthday; Or a Positive Titer (Laboratory evidence of immunity).	MMR #1: ___/___/___	MMR#2: ___/___/___	Additional MMR Doses: ___/___/___ (optional)	Positive Measles Titer Date: ___/___/___ Positive Mumps Titer Date: ___/___/___ Positive Rubella Titer Date: ___/___/___
Meningococcal A-C-W-Y 流脑 /Antimeningocócica Conjugada One dose on or after age 16 for all students who are ages 21 years or younger.	Date of last Meningococcal A-C-W-Y: ___/___/___			
Tetanus/Diphtheria/Pertussis (Tdap) 破伤风、白喉和百日咳 <i>Tétanos, Difteria y Tos Ferina</i>	Date of last Tdap: ___/___/___			
Varicella (Chickenpox) Vaccination(s) 水痘 / Varicela Two (2) doses with the first dose administered on or after 1 st birthday; Or a Positive Titer (Laboratory evidence of immunity).	Varicella#1: Date: ___/___/___	Varicella #2: Date: ___/___/___	Additional Varicella Doses Date: ___/___/___ (optional)	Chickenpox Immunity Positive Varicella Titer Date: ___/___/___
<u>Tuberculosis Testing</u> 结核病				
All incoming students must complete a Tuberculosis risk questionnaire. Incoming students who are at higher risk* should undergo either a skin test, blood test, or chest x-ray within 1 year of UC entry.				
Date placed: _____ Date Read: _____ mm: _____ OR Quantiferon date: ___/___/___ OR Chest X-ray ___/___/___				
<input type="checkbox"/> <u>Check one</u> <input type="checkbox"/> Negative or Positive <input type="checkbox"/>				
Recommended Vaccinations on back of page ➔				

x: _____ Date: _____

Signature of physician/nurse practioner/physician assistant/school official

Exemptions to the Required University Immunizations will only be allowed for Medical Reasons. If needed you must submit the [Vaccination Medical Exemption Form](#) (located at studenthealth.sa.ucsb.edu). When complete submit this form online by logging in to your SHS Gateway Portal, email SHSEntranceImmunizations@sa.ucsb.edu, or fax to (805) 893-2758. You may also upload your form when you complete the "Required Immunization Records" as part of your Steps to Enrollment.

Clinic or School Stamp

Name: _____

PERM Number: _____

DOB: _____



UC STRONGLY RECOMMENDS THESE GROUPS OF STUDENTS OBTAIN THE FOLLOWING VACCINATIONS:

<u>Recommended Vaccinations</u>	<u>Recommended Groups</u>
Hepatitis A vaccine (Hep A)	All students regardless of age
Hepatitis B vaccine (Hep B)	All students regardless of age
Human papillomavirus vaccine (HPV)	For women and men through age 26 years
Influenza vaccine (Flu)	Annually; All students regardless of age
Meningococcal B (Meningitis B)	Students ages 16 – 23 who elect vaccination after discussion with their healthcare provider
Meningococcal conjugate (Meningitis)	Students up to age 23
Pneumococcal vaccine	For students with certain medical conditions (e.g., severe asthma, diabetes, chronic liver or kidney disease)
Poliovirus vaccine (Polio)	Regardless of age, if the series was not completed as a child
Vaccines for international travel	Based on destination