

## UCSB Entrance Immunization Requirement

Complete this form by logging in to your Gateway (Patient Portal) at [studenthealth.sa.ucsb.edu](http://studenthealth.sa.ucsb.edu) and select Medical Clearances. Attach a copy of your original Immunization Records if you **do not** have this form signed by a Physician, Nurse Practitioner, Physician Assistant, and/or a School Official.

<b>Vaccination Requirements</b> 疫苗接种要求/ Requisitos de vacunación	<b>Dates Given(日期/Fechas)</b> MM/DD/YYYY			<b>Titers (滴度/Título)</b> <b>Titers must be positive</b> If not, 2 vaccinations <u>must</u> be administered.
<b>Measles- Mumps- Rubella (MMR)</b> 麻疹、腮腺炎和风疹 Sarampión, Paperas y Rubéola  <b>2 doses</b> with the 1st dose administered on or after 1 <sup>st</sup> birthday; or a positive titer.	MMR # 1:  Date: ___/___/___	MMR#2:  Date: ___/___/___	Additional MMR Doses:  Date: ___/___/___  ___ (optional)	<b>Positive</b> Measles Titer Date: ___/___/___  <b>Positive</b> Mumps Titer Date: ___/___/___  <b>Positive</b> Rubella Titer Date: ___/___/___
<b>Meningococcal A-C-W-Y (MCV4)</b> Antimeningocócica Conjugada/ 流脑  <b>1 dose on or after age 16</b> for all students who are ages 21 years or younger.  * Meningococcal Polysaccharide (MPSV4) Acceptable.	Date of last MCV4 or MPSV4 Date: ___/___/___			
<b>Tetanus/Diphtheria/Pertussis (Tdap)</b> 破伤风·白喉和百日咳 Tétanos, Difteria y Tos Ferina  * Must be administered after 11th bday, then a booster every 10 years.	TDAP Date: ___/___/___			
<b>Varicella (Chickenpox/VZV)</b> 水痘/Varicela  2 doses with the 1st dose administered on or after 1 <sup>st</sup> birthday; or a positive titer.	Varicella #1:  Date: ___/___/___	Varicella #2:  Date: ___/___/___	Additional VZV Doses:  Date: ___/___/___ (optional)	<b>Chickenpox Immunity</b>  Date: ___/___/___
<b>Influenza vaccine (Flu )- Annually</b>	All students regardless of age (Also see Flu Policy: <a href="https://ucnet.universityofcalifornia.edu/news/2021/10/2121-22-flu-vaccination-executive-order.pdf">https://ucnet.universityofcalifornia.edu/news/2021/10/2121-22-flu-vaccination-executive-order.pdf</a> )			

X: \_\_\_\_\_ Date: \_\_\_\_\_  
*Signature of Clinician and/or school official*

Clinic or School Stamp

If you would like this worksheet to be used as your historical immunization record, have the signature of a clinician and/or a school official. Exemptions must be for medical reasons **ONLY**. If needed, contact [SHSEntranceImmunizations@sa.ucsb.edu](mailto:SHSEntranceImmunizations@sa.ucsb.edu) or go to [Studenthealth.sa.ucsb.edu](http://Studenthealth.sa.ucsb.edu) for more information.

### Next Steps:

Please log in to your Gateway (Patient Portal). Select Medical Clearances and begin the self-reporting process by entering your immunization dates in the corresponding fields. Upload this worksheet and/or a copy of your records. You can edit the date values if entered incorrectly. Your records may be audited and adjusted accordingly. Check your Gateway (Patient Portal) messages often to see if additional requirements are needed. For questions EMAIL: [SHSEntranceImmunizations@sa.ucsb.edu](mailto:SHSEntranceImmunizations@sa.ucsb.edu) or fax to (805) 893-2758.