

UCSB Entrance Immunization Requirements

Complete this form by logging in to your MyHealth Portal at myhealth.ucsb.edu and select 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.

Vaccination Requirements 疫苗接种要求/ Requisitos de vacunación	Dates Given(日期/Fechas) MM/DD/YYYY			Titers (滴度/Título) Titers must be positive If not, 2 vaccinations <u>must</u> be administered.
Measles- Mumps- Rubella (MMR) 麻疹、腮腺炎和风疹 Sarampión, Paperas y Rubéola 2 doses with the 1st dose administered on or after 1 st birthday; or a positive titer.	MMR # 1: Date: ___/___/___	MMR#2: Date: ___/___/___	Additional MMR Doses: Date: ___/___/___ ___ (optional)	Positive Measles Titer Date: ___/___/___ Positive Mumps Titer Date: ___/___/___ Positive Rubella Titer Date: ___/___/___
Meningococcal A-C-W-Y (MCV4) Antimeningocócica Conjugada/ 流脑 1 dose on or after age 16 for all students who are ages 21 years or younger. * Meningococcal Polysaccharide (MPSV4) Acceptable.	Date of last MCV4 or MPSV4 Date: ___/___/___			
Tetanus/Diphtheria/Pertussis (Tdap) 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: ___/___/___			
Varicella (Chickenpox/VZV) 水痘/Varicela 2 doses with the 1st dose administered on or after 1 st birthday; or a positive titer.	Varicella#1: Date: ___/___/___	Varicella #2: Date: ___/___/___	Additional VZV Doses: Date: ___/___/___ (optional)	Positive Varicella Titers Date: ___/___/___

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. If needed, contact SHSEntranceImmunizations@sa.ucsb.edu or go to Studenthealth.sa.ucsb.edu for more information.

Next Steps:

Please log in to your MyHealth Portal at myhealth.ucsb.edu. Select 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 MyHealth Portal messages often to see if additional requirements are needed. For questions EMAIL: SHSEntranceImmunizations@sa.ucsb.edu or fax to (888-972-9735)