

INCOMING IMMUNIZATION REQUIREMENTS FORM

Dear Incoming Student,

In order to protect our campus from communicable disease, **all new and re-admitted graduate and undergraduate students are required to complete required immunizations before arriving at UC San Diego.** This includes undergraduate students transitioning to graduate studies.

Please read and follow the instructions below.



1. **Print** the Immunization Requirements form.



2. **Visit** your health care provider.
 - Have your health care provider complete the form. **The form must be signed by your healthcare provider**, or you can submit an alternative immunization record.
 - Perform all required immunizations or testing. Following the form for directions.



3. **Submit** your immunization requirements form.
 - Go to your electronic health record: MyStudentChart.ucsd.edu. In order to log in to MyStudentChart, you will need your AD username and password.
 - Then go to **Menu > Immunization & Screening > Immunization**
 - Use the completed Immunization form or alternative immunization record to self-enter your immunization dates in the online form. Submit **ALL** vaccine dates.



4. **Upload** your immunization health assessment or alternative immunization record.
 - Once you have self-entered your immunization dates, upload your signed form or alternative vaccine records into MyStudentChart. ((If your form is signed by a health care provider, you do not need to submit individual proof of your immunizations).

Questions:

1. If you have a **medical question (including more information on the medical exemption process)**, use the “Ask-A-Nurse” function in your electronic medical record: MyStudentChart.ucsd.edu.
2. If you are having **technical problems**, email shstb@health.ucsd.edu and include your student ID number. **Do not include any medical information** as this is not a secure method of communication.
3. Please refer to the [Student Health Services website](#) for additional information

You will **not** get a confirmation that your Immunization Requirements Form has been received.

Please check your UCSD email or MyStudentChart regularly for a secure message from Student Health. This is how requests for additional information, updates and reminders are provided by the Nursing team.

HIGHLY RECOMMENDED IMMUNIZATIONS	*NOTE: These vaccinations are recommended BUT NOT required to be compliant with enrollment
Human Papilloma Virus Vaccine (HPV) 2 dose series if started before the age of 15. 3 dose series if started after the age of 15.	RECOMMENDED FOR ALL STUDENTS (ALL GENDERS) UP TO THE AGE OF 26 Dose 1 date: _____ Dose 2 date: _____ Dose 3 date: _____
Hepatitis B Vaccine 3 dose series OR Heplisav-B 2 dose series	Dose 1 date: _____ Positive Hepatitis B IgG antibody Titer date: _____ Dose 2 date: _____ Dose 3 date: _____ (Heplisav-B is a 2 dose series) If you have a negative or indeterminate titer, obtain one dose of Hep B and repeat titer 4-6 wks later. If titer is still negative, receive a 2nd dose of Hep B and repeat titer 4-6 wks later. Vaccines must be at least 28 days apart.
Meningococcal B Vaccine Trumemba or Bexero	RECOMMENDED FOR AGES 16 – 23 YEARS AFTER DISCUSSION WITH A HEALTHCARE PROVIDER Dose 1 date: _____ Dose 2 date: _____ (Trumemba is either a 2 dose or 3 dose series. Bexero is a 2 dose series) Dose 3 date: _____
Hepatitis A Vaccine 2 dose series	Dose 1 date: _____ Positive Hepatitis A IgG Antibody Titer date: _____ (Dose 2 must be at LEAST 6 months after the first dose) Dose 2 date: _____ If you have a negative or indeterminate titer, obtain one dose of Hep A and repeat titer 4-6 wks later. If titer is still negative, receive a second dose of Hep A and repeat titer 4-6 wks later. Vaccines must be at least 28 days apart.
Polio Vaccine 4 dose series	Dose 1 date: _____ Dose 2 date: _____ Dose 3 date: _____ Dose 4 date: _____
Pneumococcal Vaccine(s) PCV13, PCV15, PCV20 +/-or PCV23 based on health history	Dose PSV13 date: _____ Dose PSV15 date: _____ Dose PPSV23 date: _____ Dose PPSV20 date: _____ Only recommended for those with a history of asthma, diabetes, smokers and those with immunosuppression due to illness or medication after discussion with your healthcare provider