UNIVERSITY OF CALIFORNIA DAVIS IMMUNIZATION REQUIREMENTS

Please have your Primary Care Provider/Doctors office complete this information BEFORE entering your details online. This form is to be used as a guide for the information required for your online submission. These immunizations OR proof of positive titers are required BEFORE enrollment/registration to UCD (you may also be able to access this information on your Electronic Medical Record, Yellow Immunization Card or other immunization record).

<table>
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<tr>
<th>Date of Birth</th>
<th>Name</th>
<th>Student ID</th>
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### REQUIRED IMMUNIZATIONS

**Tdap (tetanus, diphtheria, pertussis)**
- One (1) after age 7 and then tetanus booster (Td) or Tdap every 10 years after initial Tdap
  - Initial Tdap Date: __________/_________/_________
  - Most recent Tdap (or Td) Date: __________/_________/_________

**MMR (Measles (Rubeola), Mumps, Rubella)**
- (1st dose on or after the 1st birthday)
  - Dose 1 Date: __________/_________/_________
  - Dose 2 Date: __________/_________/_________
  - OR
    - If unable to obtain proof of vaccination, positive titer will fulfill requirement:
      - **POSITIVE Measles IgG Antibody titer**
        - Titer Date: __________/_________/_________
      - **POSITIVE Mumps IgG Antibody titer**
        - Titer Date: __________/_________/_________
      - **POSITIVE Rubella IgG Antibody titer**
        - Titer Date: __________/_________/_________

**Varicella (chicken pox)**
- (1st dose on or after the 1st birthday)
  - Dose 1 Date: __________/_________/_________
  - Dose 2 Date: __________/_________/_________
  - OR
    - If unable to obtain proof of vaccination, positive titer will fulfill requirement:
      - **POSITIVE Varicella IgG Antibody titer**
        - Titer Date: __________/_________/_________

**Meningococcal Conjugate (MCV4)**
- (1 dose on or after age 16 for all students age 21 yrs or younger)
  - Dose Date: __________/_________/_________

### STRONGLY RECOMMENDED IMMUNIZATIONS

**Human Papilloma Virus Vaccine (HPV)**
- Recommended for all students up to the age of 26.
  - Dose 1 Date: __________/_________/_________
  - Dose 2 Date: __________/_________/_________
  - Dose 3 Date: __________/_________/_________
<table>
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<tr>
<th>Vaccine</th>
<th>Notes</th>
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| **Hepatitis B**                 | Dose 1 Date / / /  
Dose 2 Date / / /  
Dose 3 Date / / /  
POSITIVE Hepatitis B IgG Antibody titer  
Titer Date / / /  
*If you have a negative or indeterminate titer, obtain one dose of vaccine and repeat titer 4-6 weeks post vaccination. If titer is still negative, receive a second dose of vaccine and repeat titer 4-6 weeks later. Vaccine doses must be at least 28 days apart. |
| **Meningococcal Conjugate (MCV4)** (One dose up to age 23 based on health and lifestyle risk factors) | Dose Date / / /  |
| **Meningococcal B** (Bexsero or Trumenba) for ages 16-23 who elect vaccination after discussion with their healthcare provider. | 3 doses required for Trumenba or 2 doses required for Bexsero.  
Dose 1 Date / / /  
Dose 2 Date / / /  
Dose 3 Date / / /  |
| **Hepatitis A**                 | Two doses are recommended.  
Dose 1 Date / / /  
Dose 2 Date / / /  |
| **Polio**                       | Dose 1 Date / / /  
Dose 2 Date / / /  
Dose 3 Date / / /  
Dose 4 Date / / /  
Dose 5 Date / / /  |
| **Pneumococcal** (PSV13 and/or PPSV23 based on health and other risk factors) | Pneumococcal vaccine is recommended for those with a history of immunosuppression (HIV, diabetes), respiratory disease (asthma) and for all those who smoke cigarettes or E-cigs.  
Dose 1 Date / / /  |
| **Tuberculosis**                | Please complete the TB Screening Questions on Health-e-Messaging. If, based on the TB questions, you will be notified by Health-e-Messaging if you are at higher risk for TB and given further instructions. |

**I attest that all dates and immunizations listed on this form are correct and accurate.**

Provider’s Signature __________________________ Date

Provider’s name __________________________ Phone number

(Physician/NP/PA/RN)

Log onto Health-E-Messaging and follow instructions to upload this completed form and to enter your immunizations.

5/16/19