Step-by-Step Guide to meeting the UC Immunization & TB Risk Screening Requirements
There are two (2) components to meeting the UC Immunization and TB Risk Screening Requirement:

1. Enter your vaccination history and upload your immunization records
2. Complete the TB Risk Screening Questionnaire**

**Students identified to be at higher risk for Tuberculosis have additional requirements
Step 1

Log into the UC Davis health-e-messaging patient portal, located on the Student Health and Counseling Services website:

Use your UC Davis Campus Account to authenticate:
Step 2

Confirm your identity using your Student ID number:
Step 3: Upload your records

From the Health-e-Messaging homepage, click **Forms** in the left sidebar.

*Welcome to the UC Davis Student Health and Counseling Services Health-e-Messaging (HEM) system*

All entering UC Davis students are required to complete a **Tuberculosis Risk Screening Questionnaire** and provide **Proof of Vaccination** against:
Step 4: Open your Immunization forms

Complete both the Immunizations and TB Risk Screening Forms.

We recommend completing the Health History Form also but it is not required for entrance.
Step 5: Immunizations Form

- As you fill out the form, click in the date box to reveal a calendar.
- Please assure the dates you enter match the dates on your immunization record.

**Incorrect dates may result in delays meeting your compliance.**
UC immunization and screening requirements are adopted from the California Department of Public Health (CDPH) Immunization & Screening recommendations for college students:

<table>
<thead>
<tr>
<th>Required Vaccination</th>
<th>Required Dosage &amp; Screening Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measles, Mumps and Rubella (MMR)</td>
<td>2 doses; first dose on or after 1st birthday.</td>
</tr>
<tr>
<td></td>
<td>OR - Titer (blood test) showing immunity</td>
</tr>
<tr>
<td>Varicella (chickenpox)</td>
<td>2 doses; first dose on or after 1st birthday.</td>
</tr>
<tr>
<td></td>
<td>OR - Titer (blood test) showing immunity</td>
</tr>
<tr>
<td>Tetanus, Diphtheria and Pertussis (Tdap)</td>
<td>1 dose after age 7</td>
</tr>
<tr>
<td></td>
<td>(Td or DTaP does not satisfy the requirement)</td>
</tr>
<tr>
<td>Meningococcal conjugate-- (Serogroups A, C, Y, &amp; W-135)</td>
<td>1 dose on or after age 16 for all students that are under 22 years of age (students 22 or older may leave blank).</td>
</tr>
</tbody>
</table>
Step 6: Upload a copy of your Immunization Records

- You can upload an image or PDF of your original records directly from the Immunization Form
- Scroll to the bottom of the form, click “Add immunization record”
- We accept PNG, JPG, JPEG, GIF file formats

**All immunization documents must be in English or have an English translation**
Step 7: Submitting the form

- When you have filled out at least the required items and upload your records, scroll to the bottom of the form.

- Once you are ready to submit, click Submit Final.

Save Partial saves a copy of the form in the Health-e-Messaging website. A copy IS NOT submitted to us for review.
Request for medical exemptions can be submitted by having your healthcare provider complete the UC Medical Exemption Form.

Once completed, submit your request to:
SHCS
University of California
One Shields Ave
Davis, CA 95616
Attn: Immunization Compliance Coordinator

**Personal belief exemptions will not be considered**
Step 8: Open the TB Risk Screening Form

We recommend completing the Health History Form also but it is not required for entrance.
Step 9: Complete the TB Risk Screening Questionnaire

Answer each question, click Submit Final when you are done.

TB Risk Screening
Items marked with ** are required.

Tuberculosis (TB) Risk Screening Questionnaire

Please answer the following questions:

**Have you ever tested positive for tuberculosis?
- Yes
- No

**Were you born in a country with an elevated TB prevalence?
(Any country other than the United States, Canada, Australia, New Zealand, or a country in Western or Northern Europe)
- Yes
- No

**Are you currently immunosuppressed or planning to be immunosuppressed in the future?
(HIV infection, organ transplant recipient, treated with TNF-alpha antagonist, steroids (equivalent of prednisone = 15mg/day for 1 month or greater), or other immunosuppressive medication)
- Yes
- No

**Have you ever had close contact to someone with infectious active TB disease at any time?
- Yes
- No

**Have you had consecutive travel or residence of one month or more in a country with an elevated TB Prevalence? (Any country other than the United States, Canada, Australia, New Zealand, or a country in western or Northern Europe)
- Yes
- No

If the answer to any of the above questions is YES, our staff will message you with any recommendations or further screening requirements.

If the answer to all of the above questions is NO, no further testing or further action is required.

Source: CDPH July 2016

Click here to submit the final content of the form
(You cannot change items after the form has been submitted.)
You’re done!

- You can check your compliance shortly after submission by viewing the Immunization tab in the left side column. You will also receive a Health-e-Message from us stating you are cleared OR explaining further steps needed.

If you have any questions please review our [Frequently Asked Questions](#).

Welcome to UC Davis