

Welcome to UC Davis!

[Student Health and Counseling Services \(SHCS\) - Medical Services](#) is conveniently located on campus at the [UC Davis Student Health & Wellness Center](#) and provides students with wellness, illness, and injury care. [SHCS - Counseling Services](#) is located in the center of the core campus at [North Hall](#) and provides a variety of counseling services to help students realize their academic and personal goals. The services at SHCS are **AVAILABLE TO ALL** registered students regardless of insurance coverage. Students pay small fees for most services. Please visit our [homepage](#) for more information on services available to you as a student.

All New UC Davis Students Must Fulfill the Following Health Requirements

The UC Immunization and Tuberculosis (TB) Risk Screening

All incoming new, transfer and graduate students, including students in the Veterinary Medicine and School of Nursing programs, are required to meet the [UC Immunization and TB Risk Screening requirement](#).

These include:

- 2 MMR (Measles, Mumps, Rubella) vaccines, or positive titer for each disease
- 2 Varicella vaccines
- 1 Adult TDAP
- 1 meningococcal vaccine (Menactra, Menomune, or Menveo)

Students become compliant with this requirement by entering their vaccination dates, uploading a copy of their immunization records, and completing the TB Risk Screening Questionnaire via our [Health-e-Messaging](#) website.

Click here to get started with meeting these requirements:

Login
Health-e-Messaging

- [UC Davis Immunization Worksheet](#)
- [UC Immunization and TB Clearance Requirement FAQ's \(pdf\)](#)

If you are found to be at higher risk for TB, your medical provider must complete the [TB Health Assessment form](#). Once completed, it must be uploaded via [Health-e-Messaging](#).

- [TB Health Assessment Form](#)

To view the official University of California Immunization policy, [click here](#).

UC DAVIS

UNIVERSITY OF CALIFORNIA

Central Authentication Service (CAS)

Username:

Passphrase:

LOGIN

[Need Help?](#)

Protect your campus computing account login ID and passphrase. Use them only for campus websites and campus online services.

UC Davis will never ask you to provide your passphrase via phone or email. A message that asks you to is probably a *phishing scam*. Delete it without responding.

Be extremely wary of messages that ask you to enter your passphrase into a non-UC Davis website. If you have doubts about a message or website, or think you have been tricked into submitting your passphrase or personal information, call your local IT service desk:

UC Davis Campus: IT Express at 530-754-HELP (4357)

UC Davis Health: Technology Operations Center at 916-734-HELP (4357)

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Health-e-Messaging

Welcome back! To confirm your identity, you must provide the following additional personal information:

Please confirm your student ID number:

Proceed

Cancel

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Home for (Student's name)

You last logged in: 10/22/2018 3:18:09 PM [Log Out](#)

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:

- Measles, Mumps, Rubella (MMR)
- Varicella
- Tdap
- Meningitis (under age 22 only)

This requirement must be met PRIOR to registering for classes or students may incur a hold for future registrations.

Please complete the TB Screening and enter your vaccination dates using the [Medical Clearances](#) link on the left

Once our system shows you compliant, please allow 15 minutes for any registration holds to be removed from the campus registration system.

If you have entered your immunizations and the system does not show you as compliant, please contact our office by messaging general questions, or calling 530.752.6744 between the hours of 8am and 5pm, Monday through Friday.

Use the links on the left to quickly navigate through the HEM portal Profile

Use the [Profile page](#) to update your personal information and to view or change your SHCS Primary Care Provider.

Appointments

You can view your current [Appointments](#), schedule or cancel an existing appointment, and complete any appointment questionnaires required for your visit

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Medical Clearances for (Student's name)

Overall Clearance Status: ✖ Not Satisfied

Immunization Forms: None

Immunization Records: None

TB Health Assessment Form: None

For each immunization marked "Not Compliant,"
click on the green "Update" button

Clearance		Status	Details
Immunization Records	Update	✖ Not Compliant	Not Satisfied i
Measles	Update	✖ Not Compliant	Not Satisfied i
Meningococcal	Update	✖ Not Compliant	Not Satisfied i
Mumps	Update	✖ Not Compliant	Not Satisfied i
Pertussis (Tdap)	Update	✖ Not Compliant	Not Satisfied i
Rubella	Update	✖ Not Compliant	Not Satisfied i
TB Screening	Update	✖ Not Compliant	No Data i
Varicella	Update	✖ Not Compliant	Not Satisfied i

Measles (rubeola)



Two (2) doses with first dose on or after 1st birthday; OR positive titer (laboratory evidence of immunity to disease)

Doses of Measles or MMR Vaccine

Date 1 Enter dates** of each of your two immunizations

Vaccine1

Date 2

Vaccine2

**Remember to use Month/Day/Year format

Measles Antibody Titer (blood test)

Date

Result

Positive Negative

And click the "Positive" radio button

Or if you have a blood test (titer) showing positive immunity, enter the date

Cancel

Done

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Medical Clearances for (Student's name)

Overall Clearance Status: ✖ Not Satisfied

Immunization Forms: None

Immunization Records: None

TB Health Assessment Form: None

Click the green "Update" button to upload your Immunization Records

Clearance		Status	Details
Immunization Records	Update	✖ Not Compliant	Not Satisfied i
Measles	Update	✔ Compliant	Satisfied i
Meningococcal	Update	✔ Compliant	Satisfied i
Mumps	Update	✔ Compliant	Satisfied i
Pertussis (Tdap)	Update	✔ Compliant	Satisfied i
Rubella	Update	✔ Compliant	Satisfied i
TB Screening	Update	✖ Not Compliant	No Data i
Varicella	Update	✔ Compliant	Satisfied i

Immunization Records



Immunization Records **Upload Needed**

Please use the upload button to submit your form.

Upload Received 5/2/2018 10:39 AM

Show Uploaded Document

Document Date:

Status: Upload Required

Additional Uploads

Upload

Enter your immunizations by clicking on the green "Upload" button

Click save once you have uploaded your immunization record (DO NOT USE this button for uploading the TB Health Assessment Form)



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Medical Clearances for (Student's name)

Overall Clearance Status:  Not Satisfied

Immunization Forms: None

Immunization Records: None

TB Health Assessment Form: None

Clearance		Status	Details
Immunization Records	Update	 Compliant	Satisfied 
Measles	Update	 Compliant	Satisfied 
Meningococcal	Update	 Compliant	Satisfied 
Mumps	Update	 Compliant	Satisfied 
Pertussis (Tdap)	Update	 Compliant	Satisfied 
Rubella	Update	 Compliant	Satisfied 
TB Screening	Update	 Not Compliant	Not Satisfied 
Varicella	Update	 Compliant	Satisfied 

If you are not compliant for "TB Screening," click the green "Update" button

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TB Screening

All incoming students must complete a Tuberculosis risk questionnaire. Incoming students at higher risk for TB infection, must have further documentation completed by their medical provider submitted to their Student Health Service prior to UC entry.

Please answer the following questions...

1. Have you previously tested positive for TB?

Yes No

2. Foreign-born person from a country with an elevated TB rate?

- Includes any country other than the United States, Canada, Australia, New Zealand, or a country in western or northern Europe
- Interferon Gamma Release Assay is preferred over Tuberculin Skin Test for foreign-born persons.

Yes No

3. Immunosuppression, current or planned?

- HIV infection, organ transplant recipient, treated with TNF-alpha antagonist (e.g., infliximab, etanercept, others), steroids (equivalent of prednisone = 15 mg/day for = 1 month) or other immunosuppressive medication

Yes No

4. Close contact to someone with infectious TB disease at any time?

Yes No

5. Foreign travel or residence of = 1 month consecutively in a country with an elevated TB rate?

- Any country other than the United States, Canada, Australia, New Zealand, or a country in western or northern Europe
- TB testing should occur at least 8 weeks after the student left the country with elevated TB prevalence; tests prior to 8 weeks can be falsely negative

Yes No

Answer all questions and click on blue "Submit" button

Based on how you respond to the questions, the system will determine your next steps



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Medical Clearances for (Student's name)

Overall Clearance Status: Satisfied

Immunization Forms: None

Immunization Records: None

TB Health Assessment Form: None

If your "Overall Clearance Status" has changed to "Satisfied," CONGRATULATIONS! You have completed all of your immunization and TB requirements. If you have holds related to these requirements, they will be cleared within 24 hours.

Clearance		Status	Details
Immunization Records	Update	Compliant	Satisfied
Measles	Update	Compliant	Satisfied
Meningococcal	Update	Compliant	Satisfied
Mumps	Update	Compliant	Satisfied
Pertussis (Tdap)	Update	Compliant	Satisfied
Rubella	Update	Compliant	Satisfied
TB Screening	Update	Compliant	Satisfied
Varicella	Update	Compliant	Satisfied

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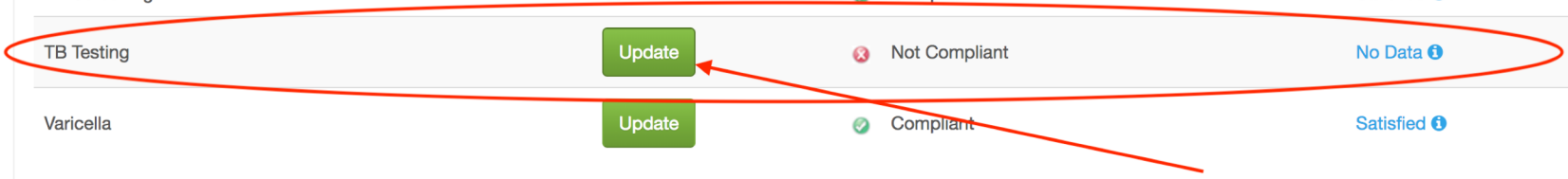
Overall Clearance Status: ✖ Not Satisfied

Immunization Forms: None

Immunization Records: None

TB Health Assessment Form: None

Clearance		Status	Details
Immunization Records	Update	✔ Compliant	Satisfied ⓘ
Measles	Update	✔ Compliant	Satisfied ⓘ
Meningococcal	Update	✔ Compliant	Satisfied ⓘ
Mumps	Update	✔ Compliant	Satisfied ⓘ
Pertussis (Tdap)	Update	✔ Compliant	Satisfied ⓘ
Rubella	Update	✔ Compliant	Satisfied ⓘ
TB Screening	Submitted	✔ Compliant	Satisfied ⓘ
TB Testing	Update	✖ Not Compliant	No Data ⓘ
Varicella	Update	✔ Compliant	Satisfied ⓘ



If you are not compliant for "TB Testing," click the green "Update" button

✓ Success

Your TB screening has been submitted successfully. Based on your screening results, additional items will be required.

This screen will appear if a TB test is required.
Please enter either skin test or blood test results



Further Action Necessary

Your TB risk screening indicates you may be at higher risk for TB infection. You are required to submit proof of negative TB testing within the past 12 months. This testing can be completed by either skin test, chest x-ray or laboratory blood testing

TB Skin Test

Date

MM/DD/YYYY

Result clear

Positive Negative

TB Skin Test Results

Upload

Please upload a copy of your skin test result

Read Date

MM/DD/YYYY

Induration

mm

Screen Shot 20...

Compliant

T-SPOT TB Blood Test

Date

MM/DD/YYYY

Result clear

Positive Negative Borderline Invalid

TB Spot Test Results

Upload

Please upload a copy of your lab result

Quantiferon Gold TB Blood Test

Date

MM/DD/YYYY

Result clear

Positive Negative Indeterminate

Quantiferon-Gold Test Results

Upload

Please upload a copy of your lab result

Chest X-Ray

Date

MM/DD/YYYY

Result clear

Positive Negative

Chest X-Ray Results

Upload

Please upload a copy of your chest x-ray

Submit

Cancel

Quantiferon Gold TB Blood Test

Date

MM/DD/YYYY

Result

Positive Negative Indeterminate

Quantiferon-Gold Test Results

Please upload a copy of your lab result

Chest X-Ray

Date

MM/DD/YYYY

Result

Positive Negative

Chest X-Ray Results

Please upload a copy of your chest x-ray

If you have a positive skin or blood test, enter the date** and results of your chest x-ray
**Remember to use month/day/year format

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Medical Clearances for (Student's name)

Overall Clearance Status: Satisfied

Immunization Forms: None

Immunization Records: None

TB Health Assessment Form: None

If your "Overall Clearance Status" has changed to "Satisfied," CONGRATULATIONS! You have completed all of your immunization and TB requirements. If you have holds related to these requirements, they will be cleared within 24 hours.

Clearance		Status	Details
Immunization Records	Update	Compliant	Satisfied
Measles	Update	Compliant	Satisfied
Meningococcal	Update	Compliant	Satisfied
Mumps	Update	Compliant	Satisfied
Pertussis (Tdap)	Update	Compliant	Satisfied
Rubella	Update	Compliant	Satisfied
TB Screening	Submitted	Compliant	Satisfied
TB Testing	Update	Compliant	Satisfied
Varicella	Update	Compliant	Satisfied

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Medical Clearances for (Student's name)

Overall Clearance Status: ✘ Not Satisfied

Immunization Forms: None

Immunization Records: None

TB Health Assessment Form: None

Clearance		Status	Details
Immunization Records	Update	✔ Compliant	Satisfied ⓘ
Measles	Update	✔ Compliant	Satisfied ⓘ
Meningococcal	Update	✔ Compliant	Satisfied ⓘ
Mumps	Update	✔ Compliant	Satisfied ⓘ
Pertussis (Tdap)	Update	✔ Compliant	Satisfied ⓘ
Rubella	Update	✔ Compliant	Satisfied ⓘ
TB Health Assessment Form	Update	✘ Not Compliant	Not Satisfied ⓘ
TB Nurse Review		✘ Not Compliant	No Data ⓘ
TB Screening	Submitted	✔ Compliant	Satisfied ⓘ
Varicella	Update	✔ Compliant	Satisfied ⓘ



If you are not compliant for "TB Health Assessment Form," click the green "Update" button

Tuberculosis Health Assessment Form



Tuberculosis Health Assessment Form **Upload Needed**

Download this form and take to your healthcare provider. Once complete, upload to this site. This form and the documentation of testing, are required for you to meet the TB Screening requirement.

Download

Upload

Document Date:

Status: Upload Required

Click the green "Download" button to download a copy of the Tuberculosis Health Assessment Form. Take the form to your provider for completion.

Cancel

Save

****Take this form to your healthcare provider for completion, then upload under TB Health Assessment form in Medical Clearances****



Tuberculosis (TB) Health Assessment Form

Name of Student: _____

SID#: _____ Date of Birth: _____

This student is **REQUIRED** to complete tuberculosis testing prior to enrolling in classes.
The form must be **completed and signed by a licensed health care provider**. All indicated test results **MUST** be in English.

I certify the student is free of infectious tuberculosis.		Office Stamp
Signature of Licensed Healthcare Provider _____	Date _____	
NPI or Medical License Number _____		
Printed Name of Licensed Healthcare Provider _____	MD/NP/PA/RN _____	

TESTING

All testing must be done within 12 months prior to the first day of class. Anticipated first day of class: _____

1. Tuberculosis Test

Choose one of the following options:

a. Tuberculin Skin Test (TST) Date placed: _____ Date read: _____

Results: _____ mm induration. (If no induration, write 0)

Interpretation: _____ Negative _____ Positive (if positive, proceed to #2)

b. TB Blood Test (Interferon Gamma Release Assay - IGRA - T-Spot-Quantiferon) recommended if history of BCG vaccine; if not available, may do a TST or chest x-ray

Date Obtained: _____

Result: _____ Negative _____ Positive (if Positive, proceed to #2)

_____ Indeterminate (If Indeterminate, repeat test or proceed to #3)

2. Chest X-ray (**REQUIRED** if TST or IGRA is positive) Must attach written radiology report (do not send film/CD):

Date of chest x-ray: _____ Result: _____

3. Treatment: *(if applicable)*

Medication(s): _____

Date Completed: _____

If regiment not completed, please indicate reason:

Tuberculosis Health Assessment Form



Tuberculosis Health Assessment Form **Upload Needed**

Download this form and take to your healthcare provider. Once complete, upload to this site. This form and the documentation of testing, are required for you to meet the TB Screening requirement.

Download

Preview

Download

Upload

Upload

Document Date:

MM/DD/YYYY

Remember to use Month/Day/Year format

Status: Upload Required

Once your healthcare provider has completed the Tuberculosis Health Assessment Form, click the green "Upload" button and attach the form.

Cancel

Save

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Your form submissions have been saved successfully.

Overall Clearance Status: ✘ Not Satisfied

Immunization Forms: None

Immunization Records: None

TB Health Assessment Form: None

Clearance		Status	Details
Immunization Records	Update	✔ Compliant	Satisfied i
Measles	Update	✔ Compliant	Satisfied i
Meningococcal	Update	✔ Compliant	Satisfied i
Mumps	Update	✔ Compliant	Satisfied i
Pertussis (Tdap)	Update	✔ Compliant	Satisfied i
Rubella	Update	✔ Compliant	Satisfied i
TB Health Assessment Form	Update	✔ Compliant	Satisfied i
TB Nurse Review		✘ Not Compliant	No Data i
TB Screening	Submitted	✔ Compliant	Satisfied i
Varicella	Update	✔ Compliant	Satisfied i

Once you have submitted your TB Health Assessment form and are marked as "Compliant" for the "TB Health Assessment Form," it will go to a nurse to review.

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Medical Clearances for (Student's name)




















Overall Clearance Status:  Satisfied

Immunization Forms: None

Immunization Records: None

TB Health Assessment Form: None

Once the nurse has reviewed your TB Health Assessment form, your "Overall Clearance Status" will change to "Satisfied" if all requirements are met. CONGRATULATIONS! You have completed all of your immunization and TB requirements. If you have holds related to these requirements, they will be cleared within 24 hours.

Clearance		Status	Details
Immunization Records	Update	 Compliant	Satisfied 
Measles	Update	 Compliant	Satisfied 
Meningococcal	Update	 Compliant	Satisfied 
Mumps	Update	 Compliant	Satisfied 
Pertussis (Tdap)	Update	 Compliant	Satisfied 
Rubella	Update	 Compliant	Satisfied 
TB Health Assessment Form	Update	 Compliant	Satisfied 
TB Nurse Review		 Compliant	Satisfied 
TB Screening	Submitted	 Compliant	Satisfied 
Varicella	Update	 Compliant	Satisfied 