

# Immunizations Form (Required for All Incoming Students)

Please see UC Immunization Policy (<http://policy.ucop.edu/doc/5000649/UC%20Immunization%20Policy>) for more information.

All incoming UC students are **REQUIRED** to obtain these vaccines prior to the first day of classes and to complete the TB Risk Questionnaire. Have your immunization dates and/or blood titer results ready before you begin. **Once you submit this form, you will not be able to return to this page and make edits.** Please complete this form to the best of your knowledge.

Students must enter their immunizations here and upload a copy of their immunization card and/or blood titer results to meet this requirement.

Exemptions for personal reasons are not accepted. If you need a medical exemption request form click here: Medical Exemption Form (<http://health.ucmerced.edu/medicalexemptionrequestform.pdf>)

Vaccine	Proof of Immunization Required
Measles, Mumps and Rubella (MMR)	2 doses; first dose on or after age one - OR - Titer (blood test) showing immunity.
Varicella (chickenpox)	2 doses; first dose on or after age one - OR - Titer (blood test) showing immunity.
Tetanus, Diphtheria and Pertussis (Tdap)	1 dose on or after age 7.
Meningococcal conjugate-- (Serogroups A, C, Y, & W-135)	1 dose on or after age 16 for all students that are under 22 years of age.

Vaccine	Proof of Immunization Strongly Recommended
Human Papillomavirus Vaccine	Adult females through age 26 years and adult males through age 21 years (and males aged 22 through 26 years who may receive HPV vaccination) who initiated the HPV vaccination series before age 15 years require 2 doses at least 5 months apart; those initiating the HPV vaccination series at age 15 years or older require the 3 dose series.

## Required Immunizations

### 1: Measles, Mumps, and Rubella (MMR) Immunization (Required)

If you have received blood tests (instead of the vaccine), please skip this section and enter the dates of your blood test below.

Two doses of MMR are needed. The 1st dose must be given on or after your 1st birthday.

Date for Dose 1:

Date for Dose 2:

### 2: Measles Titer (Blood Test)

If you had a blood test for Measles, please provide the date and result of titer.

Test Date:

Result: ☐ Positive ☐ Negative

### 3: Mumps Titer (Blood Test)

If you had a blood test for Mumps, please provide the date and result of titer.

Test Date:

Result: ☐ Positive ☐ Negative

### 4: Rubella Titer (Blood Test)

If you had a blood test for Rubella, please provide the date and result of titer.

Test Date:

Result: ☐ Positive ☐ Negative

### 5: Tetanus-Diphtheria-Pertussis (Tdap) Immunizations. (Required)

Please indicate the date of your most recent dose. Includes Adacel and Boostrix.

Date for Dose 1:

### 6: Varicella (Chicken Pox) Immunization (Required)

If you have received blood tests (instead of vaccine), or had the varicella (chicken pox) illness, please skip this section and enter the dates in question 7 and 8. If you have received individual immunizations for Varicella, please indicate the date that each dose was given. Two doses required.

Date for Dose 1:

Date for Dose 2:

### 7: Varicella (Chicken Pox) Illness

Enter date of infection. Will meet compliance. Leave blank if you had the vaccine.

Date of Infection:

8: Varicella Titer (Blood Test)

If you had a blood test for Varicella, please provide the date and result of titer. Leave blank if you had the vaccine or illness.

Test Date:

Result: ☐ Positive ☐ Negative

Other Immunizations

9: Meningococcal Conjugate Immunization (Required if you are under 22 years of age, leave blank if you are 22 or older)

Please enter the date you received **Menactra or Menveo (MCV4)**. **Do not include Meningoccal B vaccine (Trumenba, Bexsero)**. One dose received on or after your 16th birthday is needed to meet current vaccination requirements.

Date for Dose 1:

10: Human Papillomavirus Vaccine (Stongly recommended, if you have not had the HPV vaccine please leave blank)

Please enter the dates of any HPV4 or HPV9 vaccine you were given. Includes Gardasil.

Date for Dose 1:

Date for Dose 2:

Date for Dose 3:

Please upload your scanned immunization records. We accept the following file types: PNG, JPG, JPEG, GIF.

Add immunization record...



(/Student/Upload/Record/78854?type=immun&sequence=1&ext=.png)

Submit Final

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

Save Partial

Click here to save the intermediate content of the form  
(Currently entered values will be recorded and you will be able to resume completing the form at a later time.)

Cancel

Click here to cancel entering the form  
(Currently entered changes will not be saved.)