SUMMARY OF

IMMUNIZATION REQUIREMENTS

2009

Review '**Immunization Form 2009'** to understand and begin gathering documentation and/or completing your pre-entry immunization requirements. Once your form is complete, enter your data into the secure Immunization Portal at: https://saa.ucsf.edu/immunization.

CHECKLIST 2009

- ☐ Make sure you have this year's form: **Immunization Form 2009**
- ☐ Read the language on the **ENTIRE FORM** carefully. It has been worded to provide clear instructions.
- ☐ Understand the form, including the **ANDs** and the **ORs**
  - o For most items you will need immunization **OR** titer.
  - o For Hepatitis B you will need the immunizations **AND** the titer if your immunization series is complete.
- ☐ Complete **Page 1** of the form
  - o If submitting a titer for measles, mumps, and rubella it must be **positive**.
  - o If submitting a titer for varicella it must be **positive**. A negative titer requires 2 vaccine doses.
  - o **TDAP** is highly recommended.
- ☐ Complete **Page 2** of the form
  - o This includes the **TB SCREENING QUESTIONS** section.
  - o Depending on your TB history, you must complete either Section A or Section B of the **TB SKIN TESTING** portion of the form.
  - o If you have questions about the BCG vaccine, make sure to look at the resource on page 3.
- ☐ Once form is complete:
  1. Enter your data into the secure Immunization Portal: https://saa.ucsf.edu/immunization. Your SAA User ID and Password are needed to enter the site (this is the same User ID and Password you use for the SAA Student Portal).
  2. Mail original **'Immunization Form 2009'** to UCSF Student Health and Counseling Services at the address below.

Student Health and Counseling Services
500 Parnassus Avenue, Box 0722
Millberry Union West, H-005
San Francisco, CA 94143-0722
tel: (415) 476-1281
fax: (415) 476-6137
http://shs.ucsf.edu
shs@ucsf.edu

UCSF Student Health and Counseling Services - Immunization Form 2009

Directions: *1) Complete this form 2) Have it signed by your healthcare provider 3) enter data into 'Immunization Portal' at: https://saa.ucsf.edu/immunization 4) keep a copy for your records 5) mail this form to SHCS, 500 Parnassus, box 0722, San Francisco, CA 94143*

First Name _____ Middle Name _____ Last Name _____

Social Security Number _____ Date of Birth _____ Email address _____ Phone # _____ School/Program _____ Gender _____

Measles (rubeola)

1) 2 doses live measles vaccine or 2 MMR vaccine

Date: _____/_____/_____
Dose 1: ❑ Measles or ❑ MMR ?

Date: _____/_____/_____
Dose 2: ❑ Measles or ❑ MMR ?

OR

2) Positive measles titer

Date: _____/_____/_____

Mumps

1) 2 doses live mumps vaccine or MMR vaccine

Date: _____/_____/_____
Dose 1: ❑ Mumps or ❑ MMR ?

Date: _____/_____/_____
Dose 2: ❑ Mumps or ❑ MMR ?

OR

2) Positive mumps titer

Date: _____/_____/_____

Rubella (German measles)

1) 1 dose live rubella vaccine or MMR vaccine

Date: _____/_____/_____
Dose 1: ❑ Rubella or ❑ MMR ?

OR

2) Positive rubella titer

Date: _____/_____/_____

Varicella (History of disease is **NOT** sufficient)

1) 2 doses live varicella vaccine

Date: _____/_____/_____
Dose 1

Date: _____/_____/_____
Dose 2

OR

2) Positive varicella titer

Date: _____/_____/_____

If titer is negative you must get 2 vaccine doses. History of disease not sufficient.

Hepatitis B:

REQUIRED to have 2 of the 3 doses in the Hepatitis B immunization series before attending school **AND titer** if series is complete.

1a) 3 doses hepatitis B vaccine
(minimum 2 doses required before registration)

Date: _____/_____/_____
Dose 1

Date: _____/_____/_____
Dose 2

Date: _____/_____/_____
Dose 3

AND

1b) Positive hepatitis B surface Ab titer
(titer required if series is complete)

Date: _____/_____/_____

NOTE: Titer is REQUIRED if you have completed the Hep B series.

OR

2) Previous infection -
Need core antibody & surface antigen titers

Date: _____/_____/_____
Hep B core Ab titer

Date: _____/_____/_____
Hep B surface antigen

Tetanus/Diphtheria/Pertussis/ (Tdap) - highly recommended if due for tetanus

Tdap (Tetanus Diphtheria Pertussis) **highly recommended**

1) 1 dose tetanus vaccine

Date: _____/_____/_____
❑ Tetanus or ❑ TD or ❑ Tdap

Please **provide documentation of any tetanus vaccination**! It will be helpful to you in the future if your tetanus immunization is on file at SHS.

If you are due for a tetanus shot or your tetanus shot is > 2 years old, please get **the Tdap vaccine**.

- Pertussis exposure is common at the university.
- Some rotations off-campus require students to have this vaccination and SHS can not verify it for you unless we have a record of it.
- Travel is common among students and you will need an up-to-date tetanus/diphtheria.

TB Questions - Required

TB Screening Questions **REQUIRED**			
Have you ever received BCG?	❑ yes	❑ no	**if yes:** Year _____ Country _____
			Country of Birth _____
Have you traveled and/or lived overseas in the past year?	❑ yes	❑ no	**if yes:** Countries _____
			Last Return Date _____
Have you worked in a prison or homeless shelter in the past year?	❑ yes	❑ no	
Have you entered a TB isolation room in the past year?	❑ yes	❑ no	
Have you had exposure to a known case of TB in the past year?	❑ yes	❑ no	
In the past six months have you experienced any of the following for greater than three weeks?			
Excessive sweating at night	❑ yes	❑ no	
Excessive weight loss	❑ yes	❑ no	
Persistent coughing	❑ yes	❑ no	
Excessive Fatigue	❑ yes	❑ no	
Coughing up blood	❑ yes	❑ no	
Hoarseness	❑ yes	❑ no	
Persistent fever	❑ yes	❑ no	

TB Skin Testing (must meet either A **or** B **or** C below)
If you **received BCG** – see page 3

A. If you have a past **negative** skin test or **NO skin tests:**

If you have had annual TB skin testing: submit documentation of two PPD skin tests not greater than 12 months apart and the most recent test being completed within the three months prior to entering UCSF

If you have NOT HAD annual TB skin testing: You must submit documentation of two skin tests administered one week apart with both tests being done within the three months prior to entering UCSF.

TEST 1: mm reading _____ Date: _____/_____/_____

TEST 2: mm reading _____ Date: _____/_____/_____

B. If you have a past **positive** skin test:

Positive skin test:
mm reading _____ Date: _____/_____/_____

Chest x-ray report: required
(not greater than 3 months old unless 6+ months of INH therapy completed)

x-ray results: ❑ normal ❑ abnormal

Date: _____/_____/_____

INH therapy taken:

❑ yes ❑ no

Date started: ____/____/____ Date ended: ____/____/____

length of treatment _____ months

C. QuantiFERON Gold test – Negative test results only

There are instances where your provider might run a QuantiFERON lab test to establish PPD negative status: submit documentation of a QuantiFERON Gold test reported within the three months prior to entering UCSF.

If you have a positive QuantiFERON lab test, you must submit a recent chest x-ray as shown in box B above.

Negative QuantiFERON Date: _____/_____/_____

I attest that all dates and immunizations listed above are correct and accurate.

Provider's Signature _____ Date _____
Physician, Nurse Practitioner, Physician's Assistant, or RN

Provider's name printed _____Phone number _____
Physician, Nurse Practitioner, Physician's Assistant, or RN

BCG Information

Information for those who have taken **BCG**	What is considered a **+ TB skin test**?
Your TB skin test will not be positive just because you took BCG: If you have taken BCG in the past you may have a reaction to a TB skin test, but should follow the guidelines on this form listed in the "TB Skin Testing" section on previous page. Read below. **<u>See the following guidelines if you have had BCG:</u>** **a. BCG in past 2 years:** Get a chest x-ray instead of a PPD skin test and enter the results in section "TB Skin Test, section B, Chest x-ray report" **b. Had BCG and never had a PPD skin test:** Get a PPD skin test and proceed according the "TB Skin Testing" section on previous page. **c. Had BCG and a positive PPD skin test (see right for criteria for a + PPD):** Treat as a positive skin test, proceed according to the "TB Skin Testing" section on previous page.	**<u>10 mm or > considered positive</u> for healthcare workers (per CDC standards)** **or** **<u>5 mm or > considered positive</u> if the following are present -** • HIV + • Hematological malignancies • Taking Prednisone in dose > 15mg per day for one month • Other immunosuppressant condition • Had close contact or a known exposure to TB and have a previous history of a 0 mm PPD skin test • Fibrotic chest x-ray findings consistent with old TB