

Immunization Requirements for Graduate Academic Students

Immunization/TB Screening Categories	Required Data Submitted via MyHealthRecord.ucsf.edu – Forms – Immunization Data Submission
MMR (Measles, Mumps, Rubella)	<p>The MMR requirement can be met by <u>submitting documentation of vaccines OR titers</u> for each disease (measles, mumps and rubella).</p> <p style="text-align: center;">2 Doses of MMR combined vaccine</p> <p style="text-align: center;">OR</p> <p style="text-align: center;">2 Doses of individual vaccine (measles vaccine, mumps vaccine) and 1 dose (rubella vaccine)</p> <p style="text-align: center;">OR</p> <p style="text-align: center;">Positive IgG Antibody titers for measles, mumps and rubella</p> <ul style="list-style-type: none"> - If you have a negative or indeterminate titer, obtain one dose of vaccine and repeat titer. If titer is still negative, contact Student Health. - Vaccine doses must be at least 28 days apart. - Vaccine should be received on or after 1st birthday.
Varicella (chicken pox)	<p>The varicella requirement can be met by <u>submitting documentation of:</u></p> <p style="text-align: center;">2 doses of varicella vaccine</p> <p style="text-align: center;">OR</p> <p style="text-align: center;">Positive varicella IgG antibody titer</p> <ul style="list-style-type: none"> - History of disease is not sufficient. - Vaccine should be received on or after 1st birthday. - If you have a negative or indeterminate titer, obtain one dose of vaccine and repeat titer. If titer still negative, receive second dose of vaccine and repeat titer. If titer is still negative, contact Student Health. Vaccine doses must be at least 28 days apart.
Tdap (tetanus, diphtheria, pertussis)	<p>The Tdap requirement can be met by <u>submitting documentation of:</u></p> <p style="text-align: center;">1 dose of adult Tdap vaccine</p> <ul style="list-style-type: none"> - Vaccine must be Tdap, <u>not</u> Td or tetanus. - Tdap is required regardless of date of last Td injection. - Vaccine should be received on or after 7th birthday. - If last Tdap is more than 10 years old, an updated Td or Tdap is required.
TB Screening (tuberculosis)	<ul style="list-style-type: none"> - All students must complete a TB screening questionnaire on MyHealthRecord.ucsf.edu. - Students with a positive screening questionnaire will need to submit additional TB Screening data – see below.

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TB Testing – only required if you have a YES answer on the “Tuberculosis Screening Questionnaire”

- Please complete the ‘Negative TB Screen’ section if you have a history of negative TB screening (skin test, QFT, TSpot)
- Please complete the ‘Positive TB Screen’ section if you have a history of positive TB screening (skin test, QFT, TSpot)

Negative TB Screen

(Please submit data for either **A, B, or C**. Any of the options will meet the requirement.)

NOTE: A PPD skin test must be placed the SAME day as a live virus vaccine OR at least 28 days after the administration of a live virus vaccine to be considered valid. Live virus vaccines include measles, mumps, rubella, and varicella.

A. PPD Skin Test: TB skin test must be negative to meet requirement. Placement date must be within 90 days prior to the start of your program (positive test, see below)

Must include:

- Placement Date
- Reading Date
- mm reading

OR

B. QuantiFERON testing: Documentation of a **negative** QuantiFERON Gold test must be within 90 days prior to the start of your program (positive test, see below)

OR

C. T-SPOT testing: Documentation of a **negative** T-SPOT.TB test must be within 90 days prior to the start of your program (positive test, see below)

Positive TB Screen

(Please submit data for **D, E, and F**. All data must be submitted to meet the requirement.)

A. POSITIVE skin test (reading 10 mm or greater) or POSITIVE QuantiFERON or POSITIVE T-SPOT result:

AND

B. Chest X-ray

- Chest x-ray report: required
- x-ray results:** normal abnormal
- Date:** ____/____/____

Note: Date of chest x-ray report must be within 3 months of entering UCSF if INH Therapy has been taken for less than 6 months. If 6 months of INH therapy taken, chest xray report can be from time of positive screen.




AND

C. INH therapy taken:

- yes no
- Date started: ____/____/____ Date ended: ____/____/____
- length of treatment ____ months

Question about BCG? Students born outside the U.S. who received BCG vaccine should follow the TB screening requirements as listed above. If you have had slight reactions to a PPD skin test in the past, it is recommended you opt for QuantiFERON or T-Spot testing.

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<p>COVID-19 Vaccination – one (1) dose of Johnson & Johnson COVID-19 vaccine plus a booster two months after first dose or, two (2) doses of Moderna COVID-19 vaccine plus a booster five months after second dose or, two (2) doses of Pfizer COVID-19 vaccine plus a booster five months after second dose. Also needed is bivalent booster or declination of COVID-19 booster.</p> <p>Upload your COVID-19 records via the Occupational Health Services Portal. You must be logged into a UCSF network or sign on to Pulse Secure VPN. Find out how to access VPN here: https://it.ucsf.edu/service/vpn. The OHS portal is the central repository for the entire UCSF community COVID-19 vaccination data and used for compliance and reporting purposes.</p> <p>WHO-EUL vaccines may also meet the requirements. Please see the drop-down list in https://myhealthrecord.ucsf.edu.</p>			<p>Copy Attached</p>
Option 1	Vaccine	Date	
1 dose of Johnson & Johnson vaccine plus booster	Dose #1	__ / __ / ____	
	Dose #2	__ / __ / ____	
	Bivalent booster or declination of booster	__ / __ / ____	
	Option 2	Vaccine	
2 doses of Moderna vaccine plus booster	Dose #1	__ / __ / ____	
	Dose #2	__ / __ / ____	
	Dose #3	__ / __ / ____	
	Bivalent booster or declination of booster	__ / __ / ____	
Option 3	Vaccine	Date	
2 doses of Pfizer vaccine plus booster	Dose #1	__ / __ / ____	
	Dose #2	__ / __ / ____	
	Dose #3	__ / __ / ____	
	Bivalent booster or declination of booster	__ / __ / ____	