

UCSF Student Health & Counseling Student Academic Affairs

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Home for New Student

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Note: If you have an appointment at Mission Bay SHCS, please [Rutter Center Building](#).

Where do I begin?

On the "Home" page choose the "Forms" menu item on left-hand column.

MISSION ABOUT CORONAVIRUS

[SHCS COVID-19 Vaccine FAQs](#)

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Entrance Medical Requirements for New Student

Name: Student, New
School: Nurs MEPN
ID Number: 027258862

Please complete any forms listed below:

- Consent for Medical Treatment (REQUIRED for all online appointments)
- Counseling - Informed Consent (REQUIRED for all Counseling appointments)
- Immunizations Data Submission
- Notice of Privacy Practices
- Telehealth Addendum (REQUIRED for all online appointments)
- TB Sign/Sx Review Form (only complete if requested)
- TB Mask Fit Health Clearance

Form Name	Status
Consent for Medical Treatment (REQUIRED for all online appointments)	Completed.
Counseling - Informed Consent (REQUIRED for all Counseling appointments)	Submitted on: Thursday, August 13, 2020 4:52 PM
Immunizations Data Submission	Saved But Not Submitted: Last saved on 3/29/2021 2:42 PM

Where do I begin entering requirements?

On the "Forms" page choose the "Immunizations Data Submission" form.

Immunizations Data Submission for New Student

Please see [Frequently Asked Questions About Your Health Requirements](#) for more information.

Required Immunizations

1: Measles, Mumps, and Rubella (MMR) Vaccine

Enter the dates of your MMR immunizations below. Two doses required.

Date for Dose 1:

Date for Dose 2:



Enter your vaccine dates.

2: Tetanus, Diphtheria, and Pertussis (Tdap) Vaccine

Enter the date of your Adult Tdap vaccine (not Td or childhood Dtap).

Date for Dose 1:



Tdap vaccine within last 10 years.

3: Varicella (Chicken Pox) Vaccine

Enter the date each dose was given. Two doses required.

Date for Dose 1:

Date for Dose 2:



Enter your vaccine dates.

4: Measles Titer **[Positive result meets requirement in absence of vaccine records]**

Enter the date and result of any blood test for Measles immunity.

Test Date:

Result: ☐ Positive ☐ Negative



A titer is a blood test that indicates if you have the antibody in your bloodstream to a particular disease. A positive titer indicates immunity.

5: Mumps Titer **[Positive result meets requirement in absence of vaccine records]**

Enter the date and result of any blood test for Mumps immunity.

Test Date:

Result: ☐ Positive ☐ Negative



A positive titer satisfies the requirement, enter titer date if no evidence of vaccines.

A negative, equivocal, or indeterminate titer is negative. You will need to receive an additional vaccination and then re-titer.

6: Rubella Titer [Positive result meets requirement in absence of vaccine records]

Enter the date and result of any blood test for Rubella immunity.

Test Date:

Result: ☐ Positive ☐ Negative

7: Varicella Titer [Positive result meets requirement in absence of vaccine records]

If you had a blood test for Varicella, please provide the date and result:

Test Date:

Result: ☐ Positive ☐ Negative

A titer is a blood test that indicates if you have the antibody in your bloodstream to a particular disease. A positive titer indicates immunity.

A positive titer satisfies the requirement, enter titer date if no evidence of vaccines.

A negative, equivocal, or indeterminate titer is negative. You will need to receive an additional vaccination and then re-titer.

8: Hepatitis B Vaccine

Professional students are required to complete a Hepatitis B vaccination series.

If you are due for the third vaccine or post-series titer after the start of your program, you must obtain that service and submit documentation to complete the requirement or Student Health can provide this service for you.

Date for Dose 1:

Date for Dose 2:

Date for Dose 3:

Enter your vaccine dates.

9: Hep B Surface Antibody Titer

Test Date:

Result: ☐ Positive ☐ Negative

Completing a 3-dose series AND having a positive Hep B Surface Antibody titer satisfies the requirement.

A negative, equivocal, or indeterminate titer is negative. If your titer is negative, you will need to begin a second series (see item 10 below).

10: Hepatitis B Vaccine (2nd Series)

If you received an initial series of three Hepatitis B vaccines and your Hep B Surf Antibody titer did NOT convert to positive:

- (If initial series was completed > 10 years ago): Obtain a fourth dose, re-titer, and if the second titer is negative or equivocal - receive doses 5 and 6 of Hep B.
- (If initial Hep B vaccine series was completed within 10 years): Obtain three additional doses of Hep B vaccine (six doses total).

Date for Dose 1:

Date for Dose 2:

Date for Dose 3:

Enter your vaccine date(s).

11: Hep B Core Antibody Titer

Hep B Core Antibody & Surface Antigen titers are submitted in instance of prior infection. Only positive titers reflect history of past disease. If these titers are negative you should be immunized and obtain the surface antibody titer.

Test Date:

Result: ☐ Positive ☐ Negative



If you've had an instance of prior infection ALSO complete a Hep B Core Antibody AND Surface Antigen test.

12: Hep B Surface Antigen Titer

Hep B Core Antibody & Surface Antigen titers are submitted in instance of prior infection. Only positive titers reflect history of past disease. If these titers are negative you should be immunized and obtain the surface antibody titer.

Test Date:

Result: ☐ Positive ☐ Negative



If you've had an instance of prior infection ALSO complete a Hep B Core Antibody AND Surface Antigen test.



If all 3 titers are negative complete a 3 dose vaccine series and then obtain a new Hep B Surface Antibody titer.

13: First PPD Skin Test [First PPD Skin Test must be within 12 months from the program start date]

Graduate Students: If you completed the risk screening questionnaire (see FORMS section of MyHealthRecord) and had any YES responses, you must submit documentation of TB screening.

Professional Students: You MUST submit documentation of TB screening.

Click here to see which testing options will meet the TB screening requirement. [How do I satisfy the TB screening requirement?](#)

Date of Administration:

Date Read:

Result: ☐ Positive ☐ Negative

mm Induration



If TB screening result is negative, proceed to second skin test.

14: Second PPD Skin Test [Second PPD Skin Test must be within 3 months prior to your program start date]

Date of Administration:

Date Read:

Result: ☐ Positive ☐ Negative

mm Induration



A second TB screening result of negative satisfies the requirement.

15: Quantiferon-Gold Serology Testing [Satisfies Immunization Requirement for TB Testing - must be within 3 months prior to program start date]

A PPD test or a Quantiferon-Gold test with a negative result meet the TB screening requirement. If you have had a TB skin test which was positive, you will need to submit results of a recent chest x-ray or Quantiferon-Gold test results.

If you have had an Quantiferon-Gold test done for Tuberculosis, please enter the results here.

Test Date:

Result: ☐ Positive ☐ Negative



Quantiferon testing result of negative satisfies requirement.

16: T-Spot Testing [Satisfies Immunization Requirement for TB Testing - must be within 3 months prior to program start date]

A T-Spot test with a negative result meets the TB screening requirement.

If you have had a T-Spot test done for Tuberculosis, please enter the results here.

Test Date:

Result: ☐ Positive ☐ Negative



T-Spot testing result of negative satisfies requirement.

17: Chest X-ray (for Tuberculosis screening)

Chest x-ray required from time of conversion IF you have a positive PPD skin test, Quantiferon, or T-Spot test.

Date of Administration:

Result: ☐ Positive ☐ Negative



A positive TB skin test, positive Quantiferon Gold test, or positive T-Spot test all require a chest x-ray at time of conversion.

Chest x-ray required at time of conversion is required. If not, contact the Student Health Nurse via secure message.

18: BCG Vaccine Most students will not have BCG vaccine for TB, not a vaccine offered in the U.S.

Date for Dose 1:

Other Immunizations

19: MODERNA: COVID-19 VACCINE

Please enter the dates of ONE or BOTH of the MODERNA doses. Leave blank if you have not received the vaccine.

Date for Dose 1:

Date for Dose 2:



Enter your COVID-19 vaccination records.

20: PFIZER: COVID-19 VACCINE

Please enter the dates of ONE or BOTH of your PFIZER doses. Leave blank if you have not received the vaccine.

Date for Dose 1:

Date for Dose 2:



Enter your COVID-19 vaccination records.

21: JOHNSON and JOHNSON (Janssen): COVID-19 VACCINE

Please enter the date of your ONLY dose. Leave blank if you have not receive this vaccine.

Date for Dose 1:



Enter your COVID-19 vaccination record.

22: International COVID-19 Vaccine

If you have received a COVID-19 Vaccine and it's NOT from Moderna, Pfizer or Johnson and Johnson, please enter your first and/or second dose dates.

At the bottom of this form, please use the "Upload" button to attach a photo or document for proof.

Date for Dose 1:

Date for Dose 2:



Enter your COVID-19 vaccination records.

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

Add immunization record...



Upload all supporting documents after you've entered dates and results.



Immunization page footer

Not done yet?

Select "Save Partial" if you have not completed all elements. This will allow you to come back and enter additional information later.



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.)

Think you're done?

Confirm you entered dates for the required elements and have uploaded corresponding supporting documentation. Failing to submit all dates and documents will slow down your clearance.

After you hit "Submit Final" allow 1 week for your information to be verified and your "Student Health (SH)" hold to clear.

Has my health hold cleared?

Logon on to the SAA Student Portal to check if your "Student Health (SH)" hold has cleared. Go to the "Immunizations" section of MyHealthRecord.ucsf.edu for a more detailed view.

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Select Communication Option

Please choose from the following options:

☒ Message about **New Student Immunizations** (do NOT submit attachments here!)

☐ Message a **Nurse**.

☐ Message my Primary Care Provider

☐ Message My Mental Health Counselor

☐ Message my Psychiatrist

☐ Message the **Insurance/Referral Coordinator**.

☐ UCSHIP Waiver Reversal Request

Continue

Cancel

Have questions?

Send a new message to "Message about New Student Immunizations". This will yield the fastest turn-around in getting your questions answered!