

## **UCSF Graduate Division Student Health Requirements**

**Getting Started: Identify and collect all required information before you visit the web portal** to enter your data. Having all data gathered before going to the website will make the data entry process easier for you!

**Do not click the SUBMIT button until you have entered data for each requirement.** You will not be able to enter any other data after clicking SUBMIT. You may SAVE and come back later.

## To fulfill the requirements (ALL steps must be completed):

1. Log on to https://MyHealthRecord.ucsf.edu.

Your user id and password for this site was mailed to you by the Office of the Registrar and is the same user is/password you use for MyAccess log on. If you do not have a user id – contact the Registrar at (415) 476-8280.

- 2. FIRST: Complete the "Tuberculosis Screening Questionnaire" found on <u>https://MyHealthRecord.ucsf.edu</u> HOME page or FORMS page.
  - If you have any risk factors for TB (as identified by the screening questionnaire), you will also need to submit documentation of TB screening and complete the online "TB Sign and Symptom Review Form". The Sign and Symptom Review Form is an additional form you will see in your portal only if you need to complete it. Submit TB testing data (QF test or TB skin tests) via the online form with the other immunization data – please add the data before you click SUBMIT. See details below.
- 3. Enter the dates of your immunizations and/or titers into the portal.
- 4. Upload your immunization documents.
  - If you do not have a scanned image, you may take a photo of your immunization records and upload to the portal.
  - File types accepted include PNG, JPG, JPEG, and GIF (no PDFs).

## Note:

- Make sure your back-up documentation is legible and displays your full name on every page.
- You will **not** need to submit data for EVERY field shown in the online "Immunizations Data Submission" form. *For example:* If you enter the dates for two doses of MMR, you do not need to enter a titer date for measles, mumps or rubella (since one or the other clears you for those requirements).
- You must submit the required documentation as described below, but we encourage you to submit documentation of other immunizations (HPV, yellow fever, etc.) if you have it.

## Have a question?

• Submit any questions via the MyHealthRecord portal. Log on and select "Messages" and the option to message someone about New Student Requirements.

Immunization/TB Screening Categories	Required Data
MEASLES	Positive Measles IgG Antibody titer: Only a POSITIVE titer meets the requirement. If titer is negative or equivocal, obtain one dose of MMR vaccine and repeat titer in 4-6 weeks. If titer is still negative or equivocal – contact SHCS. OR 2 doses of Measles or MMR Vaccine
MUMPS	<b>Positive Mumps IgG Antibody titer:</b> Only a POSITIVE titer meets the requirement. If titer is negative or equivocal, obtain one dose of MMR vaccine and repeat titer in 4-6 weeks. If titer is still negative or equivocal – contact SHCS.

	OR
	2 doses of Mumps or MMR Vaccine
RUBELLA	Positive Rubella IgG Antibody titer: Only a POSITIVE titer meets the requirement. If titer is negative or equivocal, obtain one dose of MMR vaccine and repeat titer in 4-6 weeks. If titer is still negative or equivocal – contact SHCS. OR 1 dose of Rubella or MMR Vaccine
VARICELLA (Chicken Pox)	Positive Varicella IgG Antibody titer: Only a POSITIVE titer meets the requirement. If titer is negative or equivocal, obtain one dose of Varicella vaccine and repeat titer in 4-6 weeks. If titer is still negative or equivocal – contact SHCS. OR 2 doses of Varicella Vaccine
PERTUSSIS	<b>1 dose Tdap Immunization</b> (tetanus, diphtheria, pertussis): Must be Tdap, not TD or childhood Dtap
TB Testina – only required	if you have a YES answer on the "Tuberculosis Screening Questionnaire"
Please complete the 'Negative	e TB Screen' section if you have a history of negative TB screening (skin test, QFT, TSpot) <i>TB</i> Screen' section if you have a history of positive TB screening (skin test, QFT, TSPot)
Negative TB Screen	
(Please submit data for either <b>A</b> , <b>B</b> , <b>or C</b> . <i>Any</i> of the options will meet the requirement.)	<ul> <li><b>PPD Skin Test:</b> TB skin test must be negative to meet requirement. Placement date must be on or after June 1<sup>st</sup>, 2018 (positive test, see below)</li> <li>Must include:         <ul> <li>Placement Date</li> <li>Reading Date</li> <li>mm reading</li> </ul> </li> </ul>
<b>NOTE:</b> A <b>PPD skin test</b> 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	OR
	B. QuantiFERON testing: Documentation of a <u>negative</u> QuantiFERON Gold test run on or after June 1 <sup>st</sup> , 2018 (positive test, see below)
valid. Live virus vaccines include measles, mumps, rubella, and varicella.	OR C. <b>T-SPOT testing:</b> Documentation of a <u>negative</u> T-SPOT.TB testing done on or after June 1 <sup>st</sup> , 2018 (positive test, see below)
<u>Positive TB Screen</u>	D. POSITIVE skin test (reading 10 mm or greater) or POSITIVE QuantiFERON or POSITIVE T-SPOT result:
	AND
(Please submit data for <b>D, E,</b> and <b>F</b> . <i>All</i> data must be	E. Chest X-ray
submitted to meet the	Chest x-ray report: required
requirement.)	x-ray results: □ normal □ abnormal
	Date://
	<b>Note:</b> 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
	F. INH therapy taken:
	□ yes □ no
	Date started:/ Date ended:/
	length of treatment months

<b>Question about BCG?</b> 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 OuantiFERON or T-Spot testing.
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