



## Immunization Requirements for Graduate Students

| Requirement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Status                                                                                |
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| <b>COVID-19 Vaccination</b> – Upload your COVID-19 records via the secure <a href="#">Occupational Health Services Portal</a> . You must be logged into a UCSF network or sign on to Pulse Secure VPN. Find out how to access VPN here: <a href="https://it.ucsf.edu/service/vpn">https://it.ucsf.edu/service/vpn</a> . You may also email your documentation to <a href="mailto:vaccineresponsibleoffice@ucsf.edu">vaccineresponsibleoffice@ucsf.edu</a> . The OHS portal is the central repository for the entire UCSF community COVID-19 vaccination data and used for compliance and reporting purposes. | Copy Attached                                                                         |
| <b>Option 1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                       |
| One or more of the following options: <ul style="list-style-type: none"><li>At least ONE previous COVID-19 Vaccine (Any Brand)</li></ul> <b>AND</b> <ul style="list-style-type: none"><li>A Current Annual COVID-19 Vaccine Compliance (ONE of the options below)<ul style="list-style-type: none"><li>Administration</li><li><a href="#">Declination</a></li><li>Deferral</li></ul></li></ul>                                                                                                                                                                                                               |    |
| <b>Option 2</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                       |
| An approved Exception Request: <ul style="list-style-type: none"><li><a href="#">COVID-19 Vaccine - Religious exception</a></li><li><a href="#">COVID-19 Medical Exception</a></li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                     |  |

### Other Vaccination and Screening Records

Enter dates and upload documentation for MMR, Tdap, Varicella, and Tuberculosis information into the secure 'New Graduate Student Immunizations' tile via the secure [Occupational Health Services Portal](#). Ensure images of your documents are legible and include procedure name, dates, results, and identifying information (name on every page as well as the name of provider of care for that service).

Vaccination is essential for adults who face increased exposure to infectious diseases. Staying current with vaccinations protects you from serious illnesses and helps prevent disease transmission to the community. The Centers for Disease Control (CDC) emphasizes the importance of vaccinations to safeguard individuals and the larger community. You may be considered for an Exception Request:

- [Vaccine - Religious exception](#)
- [Medical Exception](#)



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| Vaccine                                                                                                                                                                                                                                                                                                                                                                                                                     | Requirement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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| <b>MMR</b><br>(Measles, Mumps, Rubella)                                                                                                                                                                                                                                                                                                                                                                                     | <p><u>The MMR requirement can be met by submitting documentation of</u> vaccines OR titers for each disease (measles, mumps and rubella).</p> <p><b>2 Doses of MMR combined vaccine</b></p> <p><b>OR</b></p> <p><b>2 Doses of individual vaccine (measles vaccine, mumps vaccine) and 1 dose (rubella vaccine)</b></p> <p><b>OR</b></p> <p><b>Positive IgG Antibody titers</b> for measles, mumps and rubella</p> <ul style="list-style-type: none"><li>- If you have a negative or indeterminate titer, obtain one dose of vaccine and repeat titer. If titer is still negative, contact Student Health.</li><li>- Vaccine doses must be at least 28 days apart.</li><li>- Vaccine should be received on or after 1<sup>st</sup> birthday.</li></ul> |
| <b>Varicella (chicken pox)</b>                                                                                                                                                                                                                                                                                                                                                                                              | <p><u>The varicella requirement can be met by submitting documentation of:</u></p> <p><b>2 doses of varicella vaccine</b></p> <p><b>OR</b></p> <p><b>Positive varicella IgG antibody titer</b></p> <ul style="list-style-type: none"><li>- History of disease is not sufficient.</li><li>- Vaccine should be received on or after 1<sup>st</sup> birthday.</li><li>- 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.</li></ul>                                                                                                |
| <b>Tdap</b><br>(tetanus, diphtheria, pertussis)                                                                                                                                                                                                                                                                                                                                                                             | <p><u>The Tdap requirement can be met by submitting documentation of:</u></p> <p><b>1 dose of adult Tdap vaccine</b></p> <ul style="list-style-type: none"><li>- Vaccine must be Tdap, <u>not</u> Td or tetanus.</li><li>- Tdap is required regardless of date of last Td injection.</li><li>- Vaccine should be received on or after 11<sup>th</sup> birthday.</li><li>- If last Tdap is more than 10 years old, an updated Td or Tdap is required.</li></ul>                                                                                                                                                                                                                                                                                        |
| <b>TB Screening</b><br>(tuberculosis)                                                                                                                                                                                                                                                                                                                                                                                       | <ul style="list-style-type: none"><li>- All students must complete a <b>TB screening questionnaire</b> on MyHealthRecord.ucsf.edu.</li><li>- Students with a positive screening questionnaire will need to submit additional TB Screening data – see below.</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <p><b>TB Testing – only required if you have a YES answer on the “Tuberculosis Screening Questionnaire”</b></p> <ul style="list-style-type: none"><li>• Please complete the ‘Negative TB Screen’ section if you have a history of negative TB screening (skin test, QFT, TSpot)</li><li>• Please complete the ‘Positive TB Screen’ section if you have a history of positive TB screening (skin test, QFT, TSpot)</li></ul> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |



# Immunization Requirements for Graduate Students

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| <p><b><u>Negative TB Screen</u></b></p> <p>(Please submit data for either <b>A, B, or C</b>. <i>Either</i> option will meet the requirement.)</p> <p><b>NOTE:</b> 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.</p> | <p><b>A. QuantiFERON testing:</b> Documentation of a <b><u>negative</u></b> QuantiFERON Gold test must be <u>within 90 days prior to the start of your program</u> (positive test, see below)</p> <p style="text-align: center;"><b>OR</b></p> <p><b>B. T-SPOT testing:</b> Documentation of a <b><u>negative</u></b> T-SPOT.TB test must be within <u>90 days prior to the start of your program</u> (positive test, see below)</p> <p style="text-align: center;"><b>OR</b></p> <p><b>C. Two-step PPD:</b> <u>Two PPD skin tests placed 7-31 days apart in the three months preceding entry into school</u> <b>OR</b> <u>Documentation of a TB skin test completed within the three months prior to starting school and documentation of an additional skin test completed within one year of the more recent test.</u></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <p><b><u>Positive TB Screen</u></b></p> <p>(Please submit data for <b>D, E, and F</b>. <i>All</i> data must be submitted to meet the requirement.)</p>                                                                                                                                                                                 | <p><b>D. POSITIVE QuantiFERON, POSITIVE T-SPOT, or POSITIVE PPD result:</b></p> <hr/> <p style="text-align: center;"><b>AND</b></p> <hr/> <p><b>E. Chest X-ray</b></p> <ul style="list-style-type: none"><li>• Chest x-ray report: required</li></ul> <p style="margin-left: 40px;">x-ray results: <input type="checkbox"/> normal <input type="checkbox"/> abnormal</p> <p style="margin-left: 40px;">Date: ____/____/____</p> <p style="margin-left: 40px;"><b>Note:</b> Date of chest x-ray report must be <u>within three (3) months</u> of entering UCSF if a recommended regimen has not been completed.</p> <hr/> <p style="text-align: center;"><b>AND</b></p> <hr/> <p><b>F. Recommended therapy* taken:</b></p> <p style="margin-left: 40px;"><input type="checkbox"/> yes      <input type="checkbox"/> no</p> <p style="margin-left: 40px;">Date started: ____/____/____</p> <p style="margin-left: 40px;">Date ended: ____/____/____</p> <p style="margin-left: 40px;">length of treatment ____ months</p> <p style="margin-left: 40px;"><small>*4 months of Rifampin – first line therapy</small></p> <hr/> <p><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 QuantiFERON or T-Spot testing.</p> |