

Requirement	Status
COVID-19 Vaccination – Upload your COVID-19 records via the secure 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 . You may also email your documentation to vaccineresponsibleoffice@ucsf.edu. 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
Option 1	
One or more of the following options:	
At least ONE previous COVID-19 Vaccine (Any Brand)	
AND	
 A Current Annual COVID-19 Vaccine Compliance (ONE of the options below) Administration Declination Deferral 	
Option 2	
An approved Exception Request: • COVID-19 Vaccine - Religious exception • COVID-19 Medical Exception	

Other Vaccination and Screening Records

Enter dates and upload documentation for MMR, Tdap, Varicella, Hep B and Tuberculosis information into the secure 'New Professional Student Immunizations' tile via the secure <u>Occupational Health Services Portal</u>. 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 healthcare workers due to their increased exposure to infectious diseases. Staying current with vaccinations protects you from serious illnesses and helps prevent disease transmission to patients and the community. The Centers for Disease Control (CDC) emphasizes the importance of vaccinations in healthcare settings to safeguard both workers and patients. You may be considered for an Exception Request:

- Vaccine Religious exception
- Medical Exception



Requirement				Status	
MMR (Measles, Mumps, Rubella) – 2 doses of MMR vaccine or two (2) doses of Measles, two (2) doses of Mumps and (1) dose of Rubella; or serologic proof of immunity for Measles, Mumps and/or Rubella. Choose only one option.					Copy Attached
Option 1	Vaccine	Date			
MMR - 2 doses of MMR vaccine	MMR Dose #1 MMR Dose #2				
Option 2	Vaccine or Test	Date			
Measles - 2 doses of vaccine	Measles vaccine Dose #1 Measles vaccine Dose #2	//			
OR positive Measles serology	Serologic Immunity (IgG, antibodies, titer)	//	Qualitative Titer Results: Quantitative Titer Results:	□ Positive □ Negative	
Mumps - 2 doses of	Mumps vaccine Dose #1				
vaccine	Mumps vaccine Dose #2	//			
OR positive Mumps serology	Serologic Immunity (IgG, antibodies, titer)	//	Qualitative Titer Results: Quantitative Titer Results:	□ Positive □ Negative	
Rubella - 1 dose of vaccine	Rubella vaccine	//			
OR positive Rubella serology	Serologic Immunity (IgG, antibodies, titer)	/	Qualitative Titer Results: Quantitative Titer Results:	□ Positive □ Negative	
Tetanus-diphtheria-pertussis – One (1) dose of adult Tdap. Vaccine should be received on or after 11th birthday. If last Tdap was more than 10 years old, provide date of last Td and Tdap.					
	Tdap Vaccine (Adacel, Boostrix, etc.) Td Vaccine (if more than 10 years since last Tdap)	_'_'			



Requirement					Status	
Varicella (Chicken Pox) – 2 doses of vaccine or positive serology						
·		Varicella Vaccine #1	//			
		Varicella Vaccine #2				
		varicella vaccifie #2				
OR positive Varice		Serologic Immunity (IgG,		Qualitative Titer Results:	□ Positive □ Negative	
serolo	gy	antibodies, titer)		Quantitative Titer Results:	IU/ml	
Honatitis B Vaccination		■ 3 doses of Engergix-B, Reco	mhiyay or Twinri			Сору
		= 3 doses of Engergix-B, Recoi Surface Antibody (titer) preferab				Attached
		r in 4-6 weeks. If negative comp				7 tttuonou
·		eks after the last dose of the se			•	
		series, additional testing inclu		•	-	
-	-	n of Chronic Active Hepatitis B		_		
only.		,		J	37 7	
	3-1	dose vaccines (Engergix B, Re	combivax or	3 Dose Series	2 Dose Series	
		vinrix)				
	2 (dose vaccines (Heplisav-B)				
Primary Hepatitis B		epatitis B Vaccine Dose #1		//	//	
Series	Нє	epatitis B Vaccine Dose #2		//	//	
Heplisav-B only	Нє	epatitis B Vaccine Dose #3		//		
requires 2 two doses		ep B Surface Antibody		//	□ Positive □ Negative	
of vaccine followed		•				
by antibody testing	<u> </u>					
	<u> </u>			3 Dose Series	2 Dose Series	
Secondary	Нε	epatitis B Vaccine Dose #4		//	//	
Hepatitis B Series	Нε	epatitis B Vaccine Dose #5		//	//	
Only if no response	Нε	epatitis B Vaccine Dose #6		//		
to primary series	Нє	ep B Surface Antibody		//	□ Positive □ Negative	
Heplisav-B only						
requires 2 two doses						
of vaccine followed						
by antibody testing	<u> </u>					
Hepatitis B Vaccine	Hepatitis B Surface Antigen		//	□ Positive □ Negative		
Non-responder (If Hepatitis B Surface	He	epatitis B Core Antibody			□ Positive □ Negative	
Antibody Negative after Primary and Secondary						
Series)	 					
Chronic Active		epatitis B Surface Antigen			□ Positive □ Negative	
Hepatitis B	Hepatitis B Viral Load		/ /	copies/ml		



Requirement Status

TUBERCULOSIS SCREENING - HISTORY DEPENDENT. COMPLETE ONE SECTION ONLY.

Section A: (History of Negative TB Screening) At least one IGRA (QuantiFERON or T-SPOT) blood test performed within three (3) months of first date on campus.

Section B: (Two PPD Skin Tests) Most recent performed within three (3) months of first date on campus.

Section C: (History of Positive TB Screening) Documentation of positive testing, treatment if any, and a chest x-ray performed within three (3) months of first date on campus.

Section D: (History of Active TB Disease) All fields completed. Chest x-ray must be performed within three (3) months of first date on campus

months of first date on campus.						
	Section A			Date	Result	Copy Attached
	T-Spot or QuantiFERON TB Gold blood	QuantiFERON TB G Spot (Interferon Gamma Releasing Assa		_/_/	□ Negative □ Indeterminate	
your	tests for tuberculosis	QuantiFERON TB Gold or T- Spot (Interferon Gamma Releasing Assay)			□ Negative □ Indeterminate	
Ľ	Section B		Date Placed	Date Read	Result	
section based on your	Two PPD Skin Tests performed by either method	Two PPD skin tests placed 7-31 days apart in the three months preceding entry into school.	''		<u>mm</u> mm	
plete only one TB section		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.			mm mm	
juc	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.					
6 C	Section C		Date Placed	Date Read	Result	
et	History of Latent	Positive Test	//	//	mm	
pl	Tuberculosis, OughtiFERON TR.C		old or T	Date	Result	
Please com history	Positive Skin Test or Positive Blood	QuantiFERON TB Gold or T- Spot (Interferon Gamma Releasing Assay)		_/_/	□ Positive □ Negative □ Indeterminate	
0 >	Test	Chest X-ray		//		
Please history	IGRAs include T-Spots or	Treated for latent TB? If treated for latent TB, list medications taken: Total Duration of treatment latent TB?			□Yes □ No	
lea St	QuantiFERON					
P hi	TB Gold blood				Months	



tests for tuberculosis	Date of Last Annual TB Symptom Questionnaire						
Tuberculosis Screening History Continued							
Section D		Date					
History of	Date of Diagnosis	//					
Active	Date of Treatment Completed	/					
Tuberculosis	Date of Last Annual TB Symptom Questionnaire						
	Date of Last Chest X-ray						