

FAQs

| | |
|---|---|
| What if I can't find my immunizations? | Contact your medical provider, your high school/school district; ask your medical provider to order titers |
| If I had chickenpox can I skip the varicella vaccine? | Having chickenpox doesn't exempt from the Varicella requirement. Varicella Titer or vaccine is required. |
| Do I still need to send my immunization if my high school sends them to UCR? | Students are required to complete the immunization form on the portal and upload their immunization record in the portal. |
| I entered my immunization information and the portal still says my information is unverified. | You only have to enter your information once, you will be contacted for any missing information or additional steps after a staff member has verified the information you input. The status will remain unchanged until a staff member can verify. |
| Do I need my doctor's signature on forms? | For initial submission, you need only complete the Immunization form & Tb screening, then upload your immunization record/TB screen. If further verification is needed you will be contacted. |
| What if I want to decline having the vaccines? | The UC policy regarding exemption is located here: https://www.ucop.edu/uc-health/_files/UC%20Immunization%20Exemption%20Policy.pdf The form for Medical Exemption is located here: https://www.ucop.edu/uc-health/_files/Medical%20Exemption%20Request%20Form%204-Vaccine.pdf |
| When should I have the TB blood test or x-ray for TB compliance? | If needed, the IGRA blood test is the preferred method of compliance. Test results will be accepted if completed within one year of the first day of the student's starting quarter. |
| What is the cut-off date for immunizations submission? | The cut-off date of immunization submission for Fall 2019 is July 31, 2019 ; Winter 2020 is due by October 1, 2019; Spring 2020 is due by January 7, 2020. |
| If I live in an area that is high risk for TB what do I need to do? | The IGRA blood test is the preferred method. Test results will be accepted if completed within one year of the first day of the student's starting quarter. |

Common names of vaccines: MCV4 = Menactra Tdap is not Td

studenthealth.ucr.edu

Required Vaccines

All incoming UC students are REQUIRED to obtain these vaccines and complete Tuberculosis Screening

Access to complete the **online** screening forms will be granted through the **patient portal prior to assigned registration.**

| | |
|--|---|
| Measles, Mumps and Rubella (MMR) | 2 doses; first dose on or after 1st birthday |
| Varicella (chickenpox) | 2 doses; first dose on or after 1st birthday |
| Tetanus, Diphtheria and Pertussis (Tdap) | 1 dose after age 7 |
| Meningococcal conjugate-- (Serogroups A, C, Y, & W-135) | 1 dose on or after age 16 for all students age 21 years or younger |
| Screening for Tuberculosis | All incoming students are required to complete the TB screening. Students who are at higher risk for TB infection should undergo either skin or blood testing (IGRA-QuantIFERON®-TB Gold In-Tube test (QFT-GIT); T-SPOT®.TB test (T-Spot) Higher risk includes: travel to or living in South & Central America, Africa, Asia, Eastern Europe, and the Middle East; prior positive TB test; or exposure to someone with active TB disease. |

University of California Immunization Exemption Policy

BERKELEY • DAVIS • IRVINE • LOS ANGELES • MERCED • RIVERSIDE • SAN DIEGO • SAN FRANCISCO • SANTA BARBARA • SANTA CRUZ



Requests for Medical Exemptions to Vaccination

The University of California allows for exemptions to immunization requirements based on a medical condition that is a contraindication to vaccination for the following vaccines: **MMR** (measles, mumps, and rubella), **Varicella** (chickenpox), **Tdap** (tetanus, diphtheria, and pertussis) or **Meningococcal conjugate** (Serogroups A, C, Y, & W-135) for certain groups of students. Requests for exemptions for non-medical reasons will be denied and are not eligible for appeal.

A list of established medical contraindications to vaccination can be found on the Centers for Disease Control and Prevention (CDC) website for Guide to Contraindications at: <http://www.cdc.gov/vaccines/recs/vac-admin/contraindications-vacc.htm>. Contraindications can also be found on the package insert of each vaccine.

Medical exemption requests must be documented on the Medical Exemption Request Form and submitted by the student to Medical Director of their campus Student Health Services (SHS).

ALL EXEMPTION REQUESTS MUST INCLUDE THE FOLLOWING INFORMATION:

- 1) The specific vaccine(s) for which the exemption is/are requested
- 2) A written statement by a licensed, treating medical provider [a physician (MD or DO), nurse practitioner (NP), or physician's assistant (PA)], including at least one of the following for any vaccine(s) for which an exemption is requested:
 - a. The applicable CDC contraindication for the vaccine(s), **or**
 - b. The applicable contraindication found in the manufacturer's package insert for the vaccine(s), **or**
 - c. A statement that the physical condition of the person or medical circumstances relating to the person are such that immunization is not considered safe, indicating the specific nature and probable duration of the medical condition or circumstances that contraindicate immunization with the vaccine(s)
- 3) Whether or not the duration of the exemption is permanent or temporary for any vaccine(s) and, if temporary, the expiration date of the exemption for each vaccine
- 4) Alternatively, proof of documentation of positive antibody titers to any of the above vaccinations, at levels which indicate immunity to disease, may be used to satisfy UC immunization requirements or to appeal the immunization requirement for that vaccine.

All forms must be signed by a licensed, treating medical provider (MD, DO, NP, or PA) and include the practice location address, telephone number, signing provider's license number, and state or country (if outside the U.S.) where the licensed medical provider practices.

Requests for medical exemptions will be reviewed by the local Medical Director for Student Health Services (SHS) on the campus where the student is enrolled or accepted. Requests for exemption will be approved if the Medical Exemption Request Form requirements 1-3 or 4 are met for each vaccine for which an exemption is requested. If information supplied is ambiguous or insufficient, attempts will be made at the local campus level to contact the clinician who submitted documentation to clarify the exemption request documentation. If insufficient clarification or information is provided, the exemption request may be denied at the local campus level.

Appeals for Denials of Medical Exemption Requests

The UC Immunization Exemption Policy Committee (IEPC) is a system-wide committee, appointed by the Office of the President, comprised of UC faculty, staff and students, and public health officials. Members are selected from diverse backgrounds, and will include actively practicing physicians, including at least one infectious

disease specialist, and may also include faculty with expertise in a variety of other fields, such as medical ethics, law, public health, and international student services. Members will serve a term of no less than one year.

The Immunization Exemption Appeals Committee (IEAC) will be established to evaluate appeals. The IEAC will be chaired by the UC Health Medical Director of Student Health and Counseling, and will be convened as needed to evaluate medical exemption requests denied at the campus level for which students have submitted an appeal. If the UC Health Medical Director of Student Health and Counseling is unavailable, the IEPC Chair will be asked to serve as chair for the IEAC. Students requesting an appeal must submit a written request to the Medical Director of their campus Student Health Services (SHS), along with documentation provided by their treating medical provider on the Medical Exemption Request Form. Appeals will be de-identified and forwarded to the chair of the IEAC, who will select two to four additional members from the IEPC and/or the Student Health Services (SHS) medical director group to review the appeal. If the basis of an appeal merits special consideration, the selection of IEAC members to participate in a review process will be based upon the expertise and backgrounds of the IEPC members or SHS medical directors relative to issues raised in the appeal. The SHS Medical Director who submits the appeal is not eligible to sit on the IEAC committee to review that appeal. Student members of the IEPC are not eligible participate on the IEAC. In order to render a decision, at least three members of the IEAC must convene, including the Chair. Decisions will be communicated to the local campus SHS Medical Director, who will, in turn, communicate the IEAC decision to the student. IEAC decisions shall be rendered within 60 days of receipt by the chair.

A student who submits an appeal will be able to enroll in classes and register for the upcoming academic term (quarter, semester, or session) in which the appeal is being reviewed. If the exemption denial is upheld, the student will be expected to comply with the immunization requirements prior to the next academic term in order to allow class enrollment and registration.

In active infectious disease outbreak situations, students granted medical exemptions may not be allowed to come to campus. These situations will be determined on a case-by-case basis, and in consultation with state and local public health officials.

(revised 11/16)

University of California Medical Exemption Request Form

BERKELEY • DAVIS • IRVINE • LOS ANGELES • MERCED • RIVERSIDE • SAN DIEGO • SAN FRANCISCO • SANTA BARBARA • SANTA CRUZ



Full Name of Student: _____

Campus Student Attends: _____

Student's Medical Record Number: _____

Student's Date of Birth: _____

I, _____ [Name of licensed MD, DO, PA, NP] have reviewed the University of California Immunization Exemption Policy, and hereby certify that the above-named student has:

A medical condition that contraindicates his/her vaccination with _____ vaccine:

Please check the appropriate box and list below either: (list only 1 vaccine per section)

- a) The applicable CDC contraindication to this vaccine*, or
- b) The applicable manufacturer's vaccine insert contraindication to this vaccine*, or
- c) The physical condition of the person or medical circumstances relating to the person that are such that immunization is not considered safe, indicating the specific nature of the medical condition or circumstances* that contraindicate immunization with this vaccine*

***REQUIRED: Description of contraindication meeting criteria a, b, or c above:**

This contraindication is: Permanent or Temporary

If temporary: The expiration date of the exemption for this vaccine is: _____

Titers for immunity to this disease: (Please attach photocopies of any titer results if done)

Indicate that he/she is immune Indicate he/she is NOT immune Have not yet been obtained

A medical condition that contraindicates his/her vaccination with _____ vaccine:

Please check the appropriate box and list below either: (list only 1 vaccine per section)

- a) The applicable CDC contraindication to this vaccine*, or
- b) The applicable manufacturer's vaccine insert contraindication to this vaccine*, or
- c) The physical condition of the person or medical circumstances relating to the person that are such that immunization is not considered safe, indicating the specific nature of the medical condition or circumstances* that contraindicate immunization with this vaccine*

***REQUIRED: Description of contraindication meeting criteria a, b, or c above:**

This contraindication is: Permanent or Temporary

If temporary: The expiration date of the exemption for this vaccine is: _____

Titers for immunity to this disease: (Please attach photocopies of any titer results if done)

Indicate that he/she is immune Indicate he/she is NOT immune Have not yet been obtained

A medical condition that contraindicates his/her vaccination with _____ vaccine:
 Please check the appropriate box and list below either: (list only 1 vaccine per section)

a) The applicable CDC contraindication to this vaccine*, or
 b) The applicable manufacturer's vaccine insert contraindication to this vaccine*, or
 c) The physical condition of the person or medical circumstances relating to the person that are such that immunization is not considered safe, indicating the specific nature of the medical condition or circumstances* that contraindicate immunization with this vaccine*

***REQUIRED: Description of contraindication meeting criteria a, b, or c above:**

This contraindication is: Permanent or Temporary
 If temporary: The expiration date of the exemption for this vaccine is: _____

Titers for immunity to this disease: (Please attach photocopies of any titer results if done)

Indicate that he/she is immune Indicate he/she is NOT immune Have not yet been obtained

A medical condition that contraindicates his/her vaccination with _____ vaccine:
 Please check the appropriate box and list below either: (list only 1 vaccine per section)

a) The applicable CDC contraindication to this vaccine*, or
 b) The applicable manufacturer's vaccine insert contraindication to this vaccine*, or
 c) The physical condition of the person or medical circumstances relating to the person that are such that immunization is not considered safe, indicating the specific nature of the medical condition or circumstances* that contraindicate immunization with this vaccine*

***REQUIRED: Description of contraindication meeting criteria a, b, or c above:**

This contraindication is: Permanent or Temporary
 If temporary: The expiration date of the exemption for this vaccine is: _____

Titers for immunity to this disease: (Please attach photocopies of any titer results if done)

Indicate that he/she is immune Indicate he/she is NOT immune Have not yet been obtained

| | | |
|---------------------------------------|---|---|
| <u>Signature of Medical Provider:</u> | <u>Date:</u> | <u>Medical License Number & State/Country of Issue:</u> |
| <u>Practice Address:</u> | <u>Provider Phone Number & Email:</u> | |

Students: Return this completed form to the Student Health Service at the UC campus where you attend.

| | |
|---|---|
| For Use by University of California Student Health Staff Only: <input type="checkbox"/> Date Approved: _____ <input type="checkbox"/> Date Denied: _____ <input type="checkbox"/> Date of Entry into PnC: _____ | Campus: _____ Address: _____ _____ _____ |
|---|---|