



Riverside, CA 92521

Phone (951) 827-3031 Fax (951) 827-3133

INCOMING STUDENT HEALTH REQUIREMENTS

DUE DATES: September 12th for those entering Fall.
December 12th for those entering Winter
March 12th for those entering Spring

Name _____	Student ID No.* _____
Address _____	

Phone No. _____	Email Address _____
Date of Birth _____	Age at Enrollment _____
MENINGOCOCCAL VACCINE and MEASLES/MUMPS/RUBELLA VACCINE (MMR): <i>Highly recommended</i> for students who will be living in the residence halls or local apartments. I have read the UCR sheets on meningitis and MMR at http://campushealth.ucr.edu under the Health Requirements tab: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature _____	Date _____

All new University of California students who will be under age 19 on the first day of classes are required by California State Law to provide proof of immunity to Hepatitis B prior to enrollment.

Most students who have attended high school in California have completed the 3-shot series. Do not start the series over if you cannot find your immunization records. You can have a simple blood test to determine immunity (a titer). If you cannot locate your immunization records, many high schools keep the information on file or record it on student transcripts. Your physician's office should also have your records.

If you have not received all 3 of your Hepatitis B shots, you should complete the series before arriving at UCR if you can. You may also come to the Campus Health Center to be given the vaccine. Call for an appointment--(951) 827-3031.

Check the statement below that applies. If your initial status is one of the last two options, you must notify the Campus Health Center when you satisfy the requirement so that your records may be updated.

Requirement Status:

- ☐ I will be 19 years or older on my first day of class and am therefore exempt from the Hepatitis B requirement.
- ☐ I have completed the 3 shot Hepatitis B vaccination series.
- ☐ I have been advised by my physician that I am immune to Hepatitis B due to prior infection or known immune antibody titer.
- ☐ I have been advised by my physician that my medical circumstances are such that immunization is not considered safe.
- ☐ Hepatitis B immunization is contrary to my beliefs.
- ☐ I have started but not completed the 3 shot Hepatitis B series.
- ☐ I have not started the series and none of the above apply.

The above is a true statement of my Hepatitis B vaccine status.

(signature)

(date)

*Go to www.my.ucr.edu and log in to your "My UCR" account. From your home page select the tab MyUCRID's (top of page).
Note: If you have trouble with your My UCR account, contact the Admissions Help Desk at admit@ucr.edu

RETURN FORM TO: Campus Health Center, University of California, Riverside, CA 92521
Fax: (951) 827-3133 or Scan and Email the form to health@ucr.edu.