



# Mandatory Immunizations

University of California, Berkeley

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Student ID: \_\_\_\_\_

**In addition to uploading your records, you must enter the dates of your vaccinations on the 'Medical Clearances' page on eTang.**

Please write all dates in mm/dd/yyyy format

## 1. MMR (Measles, Mumps, and Rubella)

**Two** doses required (OR positive titer results)

First dose must be given on or after your 1st birthday

Dose 1: \_\_\_\_\_

**OR**

Dose 2: \_\_\_\_\_

**Measles titer date:** \_\_\_\_\_

Titer result: \_\_\_ Positive \_\_\_ Negative

**Mumps titer date:** \_\_\_\_\_

Titer result: \_\_\_ Positive \_\_\_ Negative

**Rubella titer date:** \_\_\_\_\_

Titer result: \_\_\_ Positive \_\_\_ Negative

## 2. Pertussis (Tdap)

\*MUST BE TDAP or DTaP (Td, DT, and DTP will not meet our requirements)

Dose must be given on or after your 7th birthday

Date: \_\_\_\_\_

## 3. Varicella

**Two** doses required (OR positive titer results)

First dose must be given on or after your 1st birthday

Dose 1: \_\_\_\_\_

**OR**

Dose 2: \_\_\_\_\_

**Varicella titer date:** \_\_\_\_\_

Titer result: \_\_\_ Positive \_\_\_ Negative

## 4. Meningococcal Conjugate (MCV4)

\*Required for students aged 16-21

Dose must be given on or after your 16th birthday

Date: \_\_\_\_\_

**SIGNATURE:** Must be signed by a licensed healthcare provider (MD, DO, PA, NP, or RN)

_____ Signature of Licensed Healthcare Provider	_____ Date	<b>Office Stamp</b>
_____ Printed name of Healthcare Provider	_____ MD/DO/PA/NP/RN	