



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. Tdap (Pertussis)

One dose of **Tdap or DTaP** given on or after your 11th birthday, **AND** one dose of **Tdap, DTaP, or Td** given within 10 years of your first attendance date at UC Berkeley (August 1 for Fall incoming students, January 1 for Spring students). The same dose of Tdap or DTaP may be used to fulfill both parts of the requirement if it meets both the age and timing guidelines.

Dose 1 (Tdap/DTaP): _____

Booster (Tdap/DTaP/Td): _____

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)

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|--|-------------------------|--------------|
| _____ Signature of Licensed Healthcare Provider | _____ Date | Office Stamp |
| _____ Printed name of Healthcare Provider | _____ MD/DO/PA/NP/RN | |