

*Immunizations[CalCentral]

Please see [Frequently Ask Questions About Your Immunization and TB Requirements](#) for more information.

Please complete this form to the best of your knowledge. You may need to refer to your childhood immunization records for accurate dates.

Personal exceptions are not permitted. If you feel you need a medical exception, please download [this form](#) and follow the instructions provided.

| Vaccine | Proof of Immunization Required |
|---|--|
| Measles, Mumps and Rubella (MMR) | 2 doses; first dose no more than 4 days before your 1st birthday - OR - Titer (blood test) showing immunity. |
| Varicella (chickenpox) | 2 doses; first dose no more than 4 days before your 1st birthday - OR - Titer (blood test) showing immunity. |
| Tetanus, Diphtheria and Pertussis (Tdap) | 1 dose on or after 7th birthday (NOTE: Td/DTP does NOT satisfy the requirement) |
| Meningococcal conjugate-- (Serogroups A, C, Y, & W-135) | No more than 4 days before 16th birthday; applicable for all students under age 22 on first day of instruction. (NOTE: Meningococcal Conjugate commonly goes by the names "Menveo" or "Menactra".) |

Required Immunizations

1: Measles, Mumps, and Rubella (MMR) Vaccine [Required for CalCentral Checklist]

If you have received blood tests (instead of the vaccine), please skip this section and enter the dates of your blood test below.
2 doses of MMR or MMRV are needed . First dose no more than 4 days before your 1st birthday.

| | |
|------------------|---------------------------------------|
| Date for Dose 1: | <input type="text" value="M/D/YYYY"/> |
| Date for Dose 2: | <input type="text" value="M/D/YYYY"/> |

2: Measles Blood Test (titer)

If you had a blood test for Measles, please provide the date and result.
NOTE: Positive = Positive for immunity, not positive for the disease.

| | |
|------------|---|
| Test Date: | <input type="text" value="M/D/YYYY"/> |
| Result: | <input type="radio"/> Positive <input type="radio"/> Negative |

3: Mumps Blood Test (titer)

If you had a blood test for Mumps, please provide the date and result of titer.
NOTE: Positive = Positive for immunity, not positive for the disease.

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|------------|---|
| Test Date: | <input type="text" value="M/D/YYYY"/> |
| Result: | <input type="radio"/> Positive <input type="radio"/> Negative |

4: Rubella Blood Test (titer)

If you had a blood test for Rubella, please provide the date and result of titer.
NOTE: Positive = Positive for immunity, not positive for the disease.

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|------------|---|
| Test Date: | <input type="text" value="M/D/YYYY"/> |
| Result: | <input type="radio"/> Positive <input type="radio"/> Negative |

5: Varicella vaccine (Chicken Pox) [Required for CalCentral Checklist]

If you had an MMRV, you can re-enter the dates from question 1.
Titer (blood test) is required as proof of Chicken Pox illness. You can skip this question and enter in the dates of your blood test in question 6 below.

Varicella Vaccine (2 doses). First dose no more than 4 days before your 1st birthday.

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|------------------|---------------------------------------|
| Date for Dose 1: | <input type="text" value="M/D/YYYY"/> |
| Date for Dose 2: | <input type="text" value="M/D/YYYY"/> |

6: Varicella Blood Test (titer)

If you had a blood test for Varicella, please provide the date and result.
NOTE: Positive = Positive for immunity, not positive for the disease.

| | |
|------------|---|
| Test Date: | <input type="text" value="M/D/YYYY"/> |
| Result: | <input type="radio"/> Positive <input type="radio"/> Negative |

7: Tdap vaccine (Tetanus, Diphtheria, and Pertussis) [Required for CalCentral Checklist]

1 dose on or after 7th birthday. NOTE: Td/DTP does NOT satisfy the requirement.
Please indicate the date of your most recent dose.

| | |
|------------------|---------------------------------------|
| Date for Dose 1: | <input type="text" value="M/D/YYYY"/> |
|------------------|---------------------------------------|

Other Immunizations

8: Meningococcal Conjugate vaccine (Menactra/Menveo) [Required for CalCentral Checklist if you are under 22 years of age.]

No more than 4 days before 16th birthday; applicable for all students under age 22 on first day of instruction.
NOTE: Meningococcal Conjugate commonly goes by the name "Menveo" or "Menactra".

| | |
|------------------|---------------------------------------|
| Date for Dose 1: | <input type="text" value="M/D/YYYY"/> |
|------------------|---------------------------------------|

Please upload your scanned immunization records. We accept the following file types: PDF, PNG, JPG, JPEG, GIF. Uploads cannot be larger than 4MB.

Are you returning your completed and signed TB Health Assessment? Please name the form "TB form" to facilitate the fastest response.