

# Step-by-Step Immunization Compliance Guide

Incoming students are required to obtain and submit proof of immunity from the following diseases and complete a Tuberculosis (TB) screening questionnaire via [go.pacific.edu/myhealth](http://go.pacific.edu/myhealth) prior to the first day of their first term at the University. **All incoming students are REQUIRED to complete the MINIMUM vaccination requirements and undergo screening for Tuberculosis (TB).**

| Minimum Vaccination Requirements & Screening  | Required Dosage & Screening Information   |
|---|---|
| Vaccine: Measles, Mumps and Rubella (MMR)   | <ul style="list-style-type: none"> <li>• Two (2) doses with first dose on or after 1st birthday; OR</li> <li>• Positive titer (laboratory evidence of immunity to disease)</li> <li>• Students born after 1956</li> </ul>   |
| Vaccine: Varicella (Chickenpox)   | <ul style="list-style-type: none"> <li>• Two (2) doses with first dose on or after 1st birthday OR positive titer. History of contracting the disease does not meet compliance.</li> <li>• All students born after 1979</li> </ul>  |
| Vaccine: Tetanus, Diphtheria and Pertussis (Tdap)   | <ul style="list-style-type: none"> <li>• One (1) dose after age 7</li> </ul>  |
| Vaccine: Meningococcal conjugate (Serogroups A, C, Y, & W-135)  | <ul style="list-style-type: none"> <li>• One (1) dose on or after age 16 for all students who are under 22 years of age. (Students 22 or older may leave blank)</li> </ul>  |
| <p>Screening: Tuberculosis (TB)<br/>           *Health Profession Academic Students DO NOT need to submit this screening. Students are required to meet the Tuberculosis Skin Testing (TST) requirement for health profession academic programs listed below.</p> | <ul style="list-style-type: none"> <li>• All incoming non-health profession students must complete a TB screening risk questionnaire.</li> <li>• Incoming students who are at higher risk for TB infection, as indicated by answering “yes” to any of the screening questions, should undergo either a Tuberculin Skin Test (TST) or blood testing (QFGT) for TB infection within 6 months prior to the first day of their first term at the University.</li> <li>• Students with a history of positive TST, Blood Test (QFGT) or disease must also provide a chest x-ray report that has been completed within 6 months prior to the first day of their first term at the University.</li> </ul> <p>*Higher risk include travel to or living in South &amp; Central America, Africa, Asia, Eastern Europe, and the Middle East; prior positive TB test; or exposure to someone with active TB disease.</p> |


Health Profession Academic Program students are **REQUIRED** to complete **ADDITIONAL** Immunization Requirements and undergo Tuberculosis (TB) testing.

| Additional Vaccination Requirements & Screening  | Required Dosage, Screening & Additional Information   |
|--|---|
| Vaccine: Hepatitis B vaccine (Hep B)<br><br>Proof of Immunity: Hepatitis B antibody titer blood test   | <ul style="list-style-type: none"> <li>• Three (3) doses</li> <li>• Quantitative Hepatitis B surface antibody titer</li> <li>• Restart series (3) for Negative antibody titer result</li> </ul>   |
| Vaccine: Influenza vaccine (Flu)   | <ul style="list-style-type: none"> <li>• Current Season/Annually</li> </ul>   |
| Tuberculosis Skin Testing (TST):<br><br><b>No history of positive TST or disease</b> <ul style="list-style-type: none"> <li>• 2-step TST screening within 3 months prior to matriculation</li> </ul> <b>History of positive TST, Blood Test or disease</b> <ul style="list-style-type: none"> <li>• Chest X-ray within 6 months prior to the first day of their first term at the University.</li> </ul> | <ul style="list-style-type: none"> <li>• Documentation of previous BCG vaccination, Latent TB treatment or Active TB treatment, as applicable (Required for clinical rotation placements).</li> <li>• Student with a positive TST, Blood Test or history of disease will need to complete the tuberculosis symptom review annually. The form is found at <a href="http://go.pacific.edu/HealthForms">go.pacific.edu/HealthForms</a> under the downloadable forms tab</li> </ul> |

# Step 1: Gather your Immunization Records

1. Obtain your immunization records by contacting your Primary Care, Pediatrician, or even your High School Transcripts may provide this documentation
2. If you are unable to obtain records, you may request blood work and/or vaccines needed to fulfill requirements.

**IMMUNIZATION RECORD**  
*Comprobante de Inmunización*



Name  
nombre

Birthdate  
fecha de nacimiento

Allergies  
alergias

Vaccine Reactions  
reacciones a cualquier vacuna

RETAIN THIS DOCUMENT — CONSERVE ESTE DOCUMENTO

# Step 2: Login to Medical Portal

1. Go to [go.pacific.edu/myhealth](http://go.pacific.edu/myhealth)
2. Authenticate with PacificNet ID and password
3. Confirm your date of birth

Enter your PacificNet ID and Password

PacificNet ID:

Password:

Warn me before logging me into other sites.

[Admitted Students - click here for assistance logging in.](#)

[Parent Information](#)

[Need help logging in?](#)

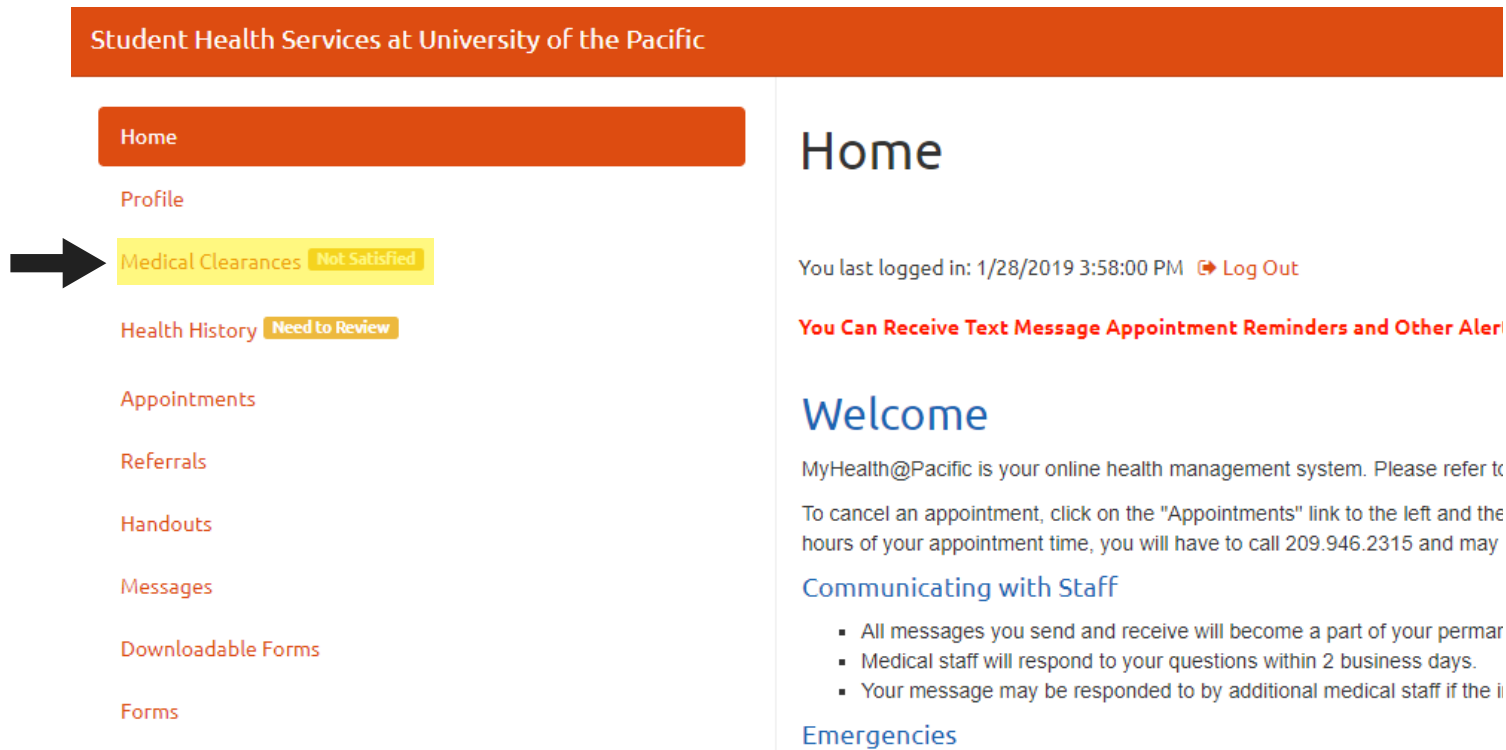
## Student Health Services at University of the Pacific

Welcome back! To confirm your identity, you must provide the following additional personal information:

Please confirm your date of birth:

# Step 3: Access your Medical Clearances

1. Select medical clearances tab



The screenshot shows the MyHealth@Pacific website interface. At the top is a dark orange header with the text "Student Health Services at University of the Pacific". Below this is a navigation menu on the left side, also in dark orange, with the following items: Home, Profile, Medical Clearances (highlighted in yellow with a "Not Satisfied" badge and a black arrow pointing to it), Health History (with a "Need to Review" badge), Appointments, Referrals, Handouts, Messages, Downloadable Forms, and Forms. The main content area on the right is white and contains the following text: "Home", "You last logged in: 1/28/2019 3:58:00 PM Log Out", "You Can Receive Text Message Appointment Reminders and Other Alerts", "Welcome", "MyHealth@Pacific is your online health management system. Please refer to...", "To cancel an appointment, click on the 'Appointments' link to the left and the hours of your appointment time, you will have to call 209.946.2315 and may...", "Communicating with Staff", a bulleted list: "All messages you send and receive will become a part of your permanent record.", "Medical staff will respond to your questions within 2 business days.", "Your message may be responded to by additional medical staff if the issue is urgent.", and "Emergencies".

# Step 4: Enter your Immunizations

## 1. Select items required for clearance

Student Health Services at University of the Pacific

Home

Profile

Medical Clearances **Not Satisfied**

Health History **Need to Review**

Appointments

Referrals

Handouts

Messages

Downloadable Forms

Forms

Insurance Waivers

Surveys

Account Summary

**Overall Clearance Status:** ❌ Not Satisfied

Items required for clearance:

| Clearance                       |                        | Status          | Details         |
|---------------------------------|------------------------|-----------------|-----------------|
| Health History                  | <a href="#">Update</a> | ❌ Not Compliant | No Data ⓘ       |
| Hep B Immun                     | <a href="#">Update</a> | ❌ Not Compliant | Not Satisfied ⓘ |
| Immunization Record             | <a href="#">Update</a> | ❌ Not Compliant | No Data ⓘ       |
| Lab Service Policy              | <a href="#">Update</a> | ❌ Not Compliant | No Data ⓘ       |
| Measles Immun                   | <a href="#">Update</a> | ❌ Not Compliant | Not Satisfied ⓘ |
| Mumps Immun                     | <a href="#">Update</a> | ❌ Not Compliant | Not Satisfied ⓘ |
| No Show and Cancellation Policy | <a href="#">Update</a> | ❌ Not Compliant | No Data ⓘ       |
| Notice of Privacy Practices     | <a href="#">Update</a> | ❌ Not Compliant | No Data ⓘ       |

# Step 5: Fill in Immunization Dates

1. Enter date and vaccine
2. Repeat for all other requirements

## Measles (rubeola)

Upload supporting documentation under the Immunization Record category on the medical clearances page. If you enter the date and do not provide documentation, your record will not be updated.

### Doses of Measles or MMR Vaccine

**Date 1**  **Vaccine1**

**This field is required**

**Date 2**  **Vaccine2**

### Measles Antibody Titer (blood test)

**Date**  **Result**  Positive  Negative

Cancel Done

## Items required for clearance:

| Clearance                       |                                       | Status  |
|---------------------------------|---------------------------------------|---|
| Health History                  | <input type="button" value="Update"/> | <input checked="" type="checkbox"/> Not Compliant |
| Hep B Immun                     | <input type="button" value="Update"/> | <input checked="" type="checkbox"/> Not Compliant |
| Immunization Record             | <input type="button" value="Update"/> | <input checked="" type="checkbox"/> Not Compliant |
| Lab Service Policy              | <input type="button" value="Update"/> | <input checked="" type="checkbox"/> Not Compliant |
| Measles Immun                   | <input type="button" value="Update"/> | <input checked="" type="checkbox"/> Not Compliant |
| Mumps Immun                     | <input type="button" value="Update"/> | <input checked="" type="checkbox"/> Not Compliant |
| No Show and Cancellation Policy | <input type="button" value="Update"/> | <input checked="" type="checkbox"/> Not Compliant |
| Notice of Privacy Practices     | <input type="button" value="Update"/> | <input checked="" type="checkbox"/> Not Compliant |
| Pertussis Immun                 | <input type="button" value="Update"/> | <input checked="" type="checkbox"/> Not Compliant |



# Step 6: Complete Online Forms

1. Select TB Screening-Non HP tab to complete online questionnaire, select Submit button when complete

Student Health Services at University of the Pacific

Home

Profile

Medical Clearances **Not Satisfied**

Health History **Need to Review**

Appointments

Referrals

Handouts

Messages

Downloadable Forms

Forms

Insurance Waivers

Surveys

Account Summary

Medical Records

Immunizations

Log Out

Items required for clearance:

| Clearance                       | Status        |
|---------------------------------|---------------|
| Health History                  | Not Compliant |
| Hep B Immun                     | Not Compliant |
| Immunization Record             | Not Compliant |
| Lab Service Policy              | Not Compliant |
| Measles Immun                   | Not Compliant |
| Mumps Immun                     | Not Compliant |
| No Show and Cancellation Policy | Not Compliant |
| Notice of Privacy Practices     | Not Compliant |
| Pertussis Immun                 | Not Compliant |
| Rubella Immun                   | Not Compliant |
| <b>TB Screening- Non HP</b>     | Not Compliant |
| Tetanus-diphtheria Immun        | Not Compliant |



## TB Screening

Please answer the following questions...

1. Have you ever had close contact with persons known or suspected to have active TB disease?
  - Yes  No
2. Were you born in one of the countries listed below that have a high incidence of active TB disease? (If yes, please select the country, below.)
  - Yes  No

Countries with high incidence of active TB disease:

Afghanistan  Algeria  Angola  Anguilla  Argentina  Armenia  Azerbaijan  Bahrain  Bahamas  Bangladesh  Bhutan  Bolivia (Plurinational State of)  Bosnia and Herzegovina  Botswana  Brazil  Brunei Darussalam  Bulgaria  Burundi  Cameroon  Cape Verde  Central African Republic  Chad  China  China, Hong Kong SAR  China, Macao SAR  Colombia  Democratic People's Republic of Korea  Democratic Republic of the Congo  Djibouti  Dominican Republic  Ecuador  El Salvador  Ethiopia  Fiji  French Polynesia  Gabon  Gambia  Georgia  Ghana  Greenland  Guam  Guatemala  Guinea  Haiti  Honduras  India  Indonesia  Iraq  Kazakhstan  Kenya  Kiribati  Korea (Republic of)  Kuwait  Kyrgyzstan  Lao People's Democratic Republic  Latvia  Lesotho  Liberia  Libya  Lithuania  Madagascar  Malawi  Malaysia  Mauritania  Mauritius  Mexico  Micronesia (Federated States of)  Moldova (Republic of)  Mongolia  Morocco  Mozambique  Nauru  Nepal  Nicaragua  Niger  Nigeria  Niue  Northern Mariana Islands  Pakistan  Palau  Panama  Papua New Guinea  Philippines  Portugal  Qatar  Republic of Korea  Republic of Moldova  Romania  Russian Federation  Rwanda  Saint Kitts and Nevis  Saint Lucia  Saint Vincent and the Grenadines  Samoa  Sierra Leone  Singapore  Solomon Islands  Somalia  South Africa  South Sudan  Sri Lanka  Sudan  Suriname  Taiwan  Tajikistan  Tanzania  Thailand  Timor-Leste  Togo  Tunisia  Turkey  Turkmenistan  Tuvalu  Uganda  United Arab Emirates  United Republic of Tanzania  Uruguay  Uzbekistan  Vanuatu  Venezuela (Bolivarian Republic of)  Viet Nam  Yemen  Zambia  Zimbabwe

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2016. Countries with incidence rates of >= 20 cases per 100,000 population. For more information, visit <http://www.who.int/tb/country/en/>

3. Have you had frequent or prolonged visits\* to one or more of the countries listed above with a high prevalence of TB disease? (If yes, CHECK the countries, above)

# Step 7: Upload your Immunization Records

1. Select Downloadable Forms tab
2. Upload under additional Immunization Record Category (PDF, PNG, JPG, JPEG and no larger than 4MB)
3. Upload documentation, select save

The screenshot displays the user interface of the Student Health Services at the University of the Pacific. The top navigation bar is orange and contains the text "Student Health Services at University of the Pacific" on the left and a user profile icon labeled "Annabe" on the right. A left-hand sidebar menu lists various options: Home, Profile, Medical Clearances (with a "Not Satisfied" status), Health History (with a "Need to Review" status), Appointments, Referrals, Handouts, Messages, Downloadable Forms (highlighted in orange with a black arrow pointing to it), Forms, Insurance Waivers, Surveys, Account Summary, and Medical Records. The main content area shows a "Status: Upload Required" message at the top. Below this, a yellow highlight is placed over the text "Additional Immunization Record In Review", with a black arrow pointing to it from the left. To the right of this highlight, the text "Upload Received 1/23/2019 3:55 PM" is displayed above a "Show Uploaded Document" button. At the bottom of the main content area, the text "Status: In Review" is visible.

# You're Done!

You will receive a follow-up message from a Health Services staff member when records are reviewed and acknowledged.