TTUHSC SOAHS Immunization Requirements

Copies of lab reports, immunizations and/or health records must be provided.

1. Varicella (Chicken Pox): Documentation of 2 Varicella vaccine doses

   Dose #1 date ______________  Dose #2 date ______________
   
   OR
   
   Documented Varicella immunity-titer
   
   Date of Test: _______________ (Attach Report)
   
   Physician documented history of disease: Date________

2. Measles, Mumps, and Rubella (MMR):
   
   Documentation of 2 MMR vaccine doses
   
   MMR #1-Date ________    MMR# 2-Date ____________
   
   OR
   
   MMR titer: Date of test ____________ (Attach Report)

3. Tuberculosis: 2 –STEP TB skin test (If you have not had a TB test within the last 12 months you must have a 2

   Step test with a minimum of 7 days between the 2 readings)
   
   (Last Years) test Date: ______ Result: _____ mm
   
   (Newest Test) Date: ______ Result: _____ mm
   
   If positive on TST
   
   Negative Chest X-Ray if (+) TST  Date: ________ Result: __________
   
   Chest X-Ray must be no older than 1 year, if TB skin test is positive.
   
   (Attach Report)

4. Hepatitis B series: Documentation of 3 Hepatitis B vaccine doses
   
   Dose#1 date_______ Dose #2 date______ Dose #3 date______
   
   OR
   
   Hepatitis B Surface Antibody  Date of Test: ________ (Attach Report)

5. Tetanus/diphtheria (Td): Tetanus Diphtheria booster  (required within past 10 years)
   
   Td Date: _______________ (Tdap will suffice)

6. Tdap (Tetanus, Diphtheria, and Acellular Pertussis): Adult (one time dose starting year 2005)
   
   Tdap date: ______________

7. Meningococcal Vaccine (MCV): Adults 22 and younger (vaccine within the last 5 years)
   
   MCV date: ______________ circle exemption (age, online)

8. Influenza Vaccine: Influenza date:____________
   
   This completed form and supporting documentation should be forwarded as soon as possible to:

Office of Institutional Health- TTUHSC
3601 4th st MS 8150
Immunization Coordinator
Lubbock TX 79430
fax 806-743-2056

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