TTUHSC SHP Immunization Requirements

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

1. Varicella (Chicken Pox)  Positive Varicella Titer (blood test)  Date of Test: _______________  (Attach Report)
   TTUHSC does not accept vaccine for this requirement

2. Measles, Mumps, and Rubella (MMR)  Positive MMR titer (blood test)  Date of Test: _______________  (Attach Report)
   TTUHSC does not accept vaccine for this requirement

3. Tuberculosis:
   - 2–STEP TB skin test (within the past 3 months)
     - 1st test  Date: _____  Result: _____ mm
     - 2nd 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)
   TTUHSC will also accept IGRA (T-SPOT or quantiFERON) testing in place of a TB test
   Date: __________ Results: __________

4. Hepatitis B:  Positive Hepatitis B titer: Date of Test: __________ (Attach Report)
   TTUHSC does not accept vaccine for this requirement

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

6. Tdap (Tetanus, Diphtheria, and Acellular Pertussis): One time Adult Dose (these are only good for 10 years, must be good for you entire length of stay)
   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: _______________  (required during FLU season October- Mar)

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 or email to Nicole.hines@ttuhsc.edu

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