**TTUHSC GSBS Immunizations**

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 (blood test)
     - Date of Test: _______________ (Attach Report)
   - *(TTUHSC does not accept history of disease)*

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

3. **Tuberculosis:**
   - 2–STEP TB skin test
     - 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 series:**
   - Documentation of 3 Hepatitis B vaccine doses
     - Dose #1 date __________ Dose #2 date __________ Dose #3 date __________
     - **OR**
     - Hepatitis B Surface Antibody (blood test) 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 Dose**
   - 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)
   - *Strongly Recommended/Not Required to Disclose*

9. **Covid-19 Vaccine:**
   - Documentation of 2 doses of Moderna or Pfizer, or one dose of Johnson and Johnson
     - Dose #1 ___________ Dose #2 ___________

This completed form and supporting documentation should be forwarded as soon as possible to:
Office of Institutional Health- TTUHSC
Immunization Coordinator

* TTUHSC STRONGLY RECOMMENDS THAT YOU BE VACCINATED FOR COVID-19. HOWEVER, YOU ARE NOT REQUIRED TO DISCLOSE WHETHER OR NOT YOU HAVE RECEIVED THE COVID-19 VACCINE TO TTUHSC. ANY DISCLOSURE OF YOUR COVID-19 VACCINATION STATUS IS VOLUNTARY.
TTUHSC STRONGLY RECOMMENDS THAT YOU BE VACCINATED FOR COVID-19. HOWEVER, YOU ARE NOT REQUIRED TO DISCLOSE WHETHER OR NOT YOU HAVE RECEIVED THE COVID-19 VACCINE TO TTUHSC. ANY DISCLOSURE OF YOUR COVID-19 VACCINATION STATUS IS VOLUNTARY.