TTUHSC SHP 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 (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. Influenza Vaccine:
   - Influenza date: _____________ (required during FLU season October-Mar)

8. Meningitis Vaccine:
   - Within the last 5 years _______________ (adults 22y/o and younger)

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
Mecole.Campbell@ttuhsc.edu
806-743-7455

Rev: 09/013/16