TTUHSC SHP Immunization Requirements

Copies of lab reports, immunizations and/or health records must be provided. All immunizations and blood work must be submitted by October 15th. TB testing must have last reading after October 1st.

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 (last reading must be after October 1st)
   
   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 (must be after October 1st)
   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)
   Recommended:

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
3601 4th st MS 8150
Immunization Coordinator
Lubbock TX 79430
fax 806-743-2056 or email to Mecole.Campbell@ttuhsc.edu
806-743-7455