

R# _____ NAME _____
Email: _____ @ttuhsc.edu Phone number: _____
Program: Mental Health Counseling, Rehab Counseling, Addiction Counseling

TTUHSC SHP 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: _____

Visit 1, day 1: Place the 1st TST and have the employee return in 7 days for the test to be read.

Visit 2, day 7: Place 2nd TST on all employees/volunteers whose 1st test is negative at 7 days.

Visit 3, day 9 or 10: Read the 2nd test at 48-72 hours.

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 _____ (exempt at 22y/o and older)

***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

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

*** 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.**