TTUHSC SOM Immunizations

Copies of lab reports, immunizations and/or health records must be provided.
Must be submitted by July, 9th 2021

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:
   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 (Quantitative)  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
   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
cathy.garza@ttuhsc.edu

* 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.