

R# _____ NAME _____ SON Program: _____
Email: _____@ttuhsc.edu Phone number: _____ Start Date: _____

TTUHSC SON 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 **IgG** (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 **IgG** titer (blood test): Date of test _____ (Attach Report)

3. Tuberculosis: * SON requires 2 negative TB skin tests within the last 12 months

*** If you have NOT had two negative TB tests within the last 12 months you must have a 2-step**

Two Step = Two TB skin tests administered at least 7 days apart. Submit results below.

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

There are different ways of performing the 2-step Tb, we accept any of them.
www.nationaltbcenter.edu

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, in the last 12 mo.

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 **IgG** (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) **DOB:** _____

8. Influenza Vaccine:

Influenza date: _____ (required during FLU season October- March)

***Strongly Recommended**

9. COVID-19 Vaccine:

Documentation of 2 doses of Moderna or Pfizer, or 1 dose of Johnson & Johnson

Dose#1 Date _____ Dose #2 Date _____

This completed form and supporting documentation should be forwarded as soon as possible to:

Office of Institutional Health- TTUHSC Room 1A150

3601 4th St, Lubbock, TX (MS 8150)

fax 806-743-2050 or email to Karen.spees@ttuhsc.edu

Rev: 04/20/2021

*** 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.**