

R# _____ NAME _____
Email: _____ Phone number: _____

TTUHSC SOP Immunizations

**Copies of lab reports, immunizations and/or health records must be provided.
Must be submitted by June 1st**

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 test): Date of test _____ (Attach Report)

3. **Tuberculosis:**

www.nationaltbcenter.edu

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.

There are different ways of performing the 2 Step TB, we accept any of them

2 –STEP TB skin test (May 1st start)

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 is only good for 10 years, must be current for your entire 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)

***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
Immunization Coordinator
fax 806-743-2056 or email to
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.